

EXHIBIT H

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

BENAH DAM HURT,

Plaintiff,

-vs-

HASINA JAVED, FAIZA KAREEMI,
COLLEEN DELANEY, DIANA HOGAN and
DREW BECK,

Defendants.

No. 17-cv-7909

MARK OWENS,

Plaintiff,

-vs-

HASINA JAVED,

Defendant.

No. 18-cv-0334

The deposition of FAIZA KAREEMI, M.D., taken pursuant to the Federal Rules of Civil Procedure of the United States District Courts pertaining to the taking of depositions, taken before LISA A. KOTRBA, Certified Shorthand Reporter of the State of Illinois, taken remotely via Zoom in Illinois, on Thursday, June 9, 2022, at 1:00 p.m.

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17 on behalf of the Defendants Hasina Javed, Faiza
Kareemi, Colleen Delaney and Diana Hogan in
18 Case No. 17-cv-7909 and Defendant, Dr. Hasina Javed
in Case No. 18-cv-0334;

19
20 ALSO PRESENT:

21 MR. RORY CANNON
Illinois Department of Human Services

22 Mr. Sean Gunderson
23 Kretchmar & Cecala, PC

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I N D E X

WITNESS	PAGE
FAIZA KAREEMI, M.D.	
Direct By Mr. Kretchmar	4
DirectBy Mr. Cecala	20

E X H I B I T S

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1 THE COURT REPORTER: Before we proceed, I'll ask
2 counsel to agree on the record that there is no
3 objection to this notary public administering a binding
4 oath to the witness by videoconference.

5 Please state your agreement on the record,
6 and identify yourself and the party you represent
7 starting with counsel for the plaintiff.

8 MR. KRETCHMAR: Yes. Randolph Kretchmar
9 representing plaintiffs, Ben Hurt and Mark Owens. No
10 objection.

11 MR. CECALA: Joseph Cecala, C-e-c-a-l-a, counsel
12 for plaintiffs. No objection.

13 MS. JOHNSTON: Mary Johnston representing
14 defendants Javed, Kareemi, Delaney and Hogan in the
15 Hurt case, and Defendant Javed in the Owens case. No
16 objection.

17 FAIZA KAREEMI, M.D.
18 called as a witness herein, having been first duly sworn,
19 was examined and testified as follows:

20 DIRECT EXAMINATION

21 BY MR. KRETCHMAR:

22 Q Doctor, I just want to start off mentioning a
23 couple of rules that will help this go more smoothly.
24 The first one is don't talk over anybody. If there is

1 a question being asked, make sure it has been fully
2 voiced before you answer. You'll also have to be
3 verbal because the court reporter can't really take
4 down a nod or a head shake; and not talking over people
5 is for the same reason; she has to make a record of
6 everybody's words, and when they get mushed together,
7 it's difficult.

8 If there is any question that you don't
9 understand or -- you know, just ask; we can repeat it
10 or clarify it or rephrase it. And if you want a break
11 at any point, say so; we can take a break.

12 **A Okay. Thank you.**

13 Q Would you please state and spell your name
14 for the record?

15 **A Faiza Kareemi, F-a-i-z-a K-a-r-e-e-m-i.**

16 Q Thank you. Can I -- could I call you Faiza,
17 or would you prefer Dr. Kareemi?

18 **A Dr. Kareemi.**

19 Q Okay. And you can call me Randy. That's
20 okay; I'm used to it, for that matter, right? I have
21 three grandchildren visiting for the summer, and they
22 call me dude. You can use that if you would like, too.

23 **A They are nice.**

24 Q Are you taking -- this is a form question.

1 Are you taking any -- any kind of medication that might
2 make it difficult for you to answer fully or truthfully
3 or remember things?

4 **A No.**

5 Q Okay. Are you aware of or, at least,
6 initially or somewhat familiar with this lawsuit in
7 which you are a defendant?

8 **A Yes.**

9 Q Do you understand the allegations against you
10 and against the other defendants?

11 **A Yes, I do.**

12 Q I'm sorry. I didn't get that.

13 **A Yes, I do.**

14 **Can you hear me okay?**

15 Q Yeah, you're okay. It's just a little bit
16 echoey, so --

17 **A Yeah, I know; same thing about your voice,**
18 **too. Yes. Okay.**

19 Q It's hard to have perfect acoustics on these
20 things.

21 **A I understand.**

22 Q I would prefer to do this in person, to tell
23 you the truth.

24 Could you please summarize your education and

1 your professional qualifications as a doctor in a state
2 forensic hospital?

3 **A Do you have a copy of my CV?**

4 MR. KRETCHMAR: Do we have a copy?

5 MR. CECALA: We do, but, you know, the question
6 is -- and throughout the day there may be other
7 documents, but this is something from your memory that
8 we're going to ask, and it's kind of how depositions
9 go. We're going to ask you questions, and you're going
10 to give us answers.

11 BY THE WITNESS:

12 **A Okay. So I am board certified in psychiatry.**
13 **I completed my residency from Loyola Medical Center in**
14 **1997. For about a year I was in private practice. And**
15 **from August of 1998, I have been working at Elgin**
16 **Mental Health Center as a staff psychiatrist.**

17 BY MR. KRETCHMAR:

18 Q So you have been at Elgin for, let's see, I
19 guess that would be 34 years?

20 **A No. 23 years.**

21 Q 23.

22 **A Yes, 1998.**

23 Q Oh, yeah. Okay. Sorry. Quick math
24 sometimes fails me.

1 And the sequence of jobs, you've been a staff
2 psychiatrist the whole time, just one job, right?

3 A Yes. I also did work for a period of time,
4 like I work at Edward Medical Center for about a year.
5 I believe it was in 2017. I also worked at another
6 private facility called Seven Hills for about a few
7 months, but the main work that I've been doing is at
8 Elgin Mental Health Center.

9 Q Okay. So the other jobs you're mentioning
10 were in addition to -- simultaneous employment at
11 Elgin?

12 A Correct.

13 Q Good enough.

14 Tell me what your responsibilities are as a
15 psychiatrist.

16 A I work on a 25-bed inpatient forensic unit.
17 My responsibilities are to evaluate patients, allow me
18 in collaboration with other treatment team members to
19 formulate a treatment plan, and prescribe medications
20 and make sure that the patients are on their way to
21 recovery. And for us, since we're working in forensic,
22 our goal for every patient is to do well, go into
23 recovery and eventually be placed in a less restrictive
24 environment.

1 Q And you're full time at Elgin, correct?

2 A No. I work point seven at this time.

3 Q I -- I --

4 A It's 28 hours a week.

5 Q Oh, I see.

6 Have you always been 28 hours a week, or has
7 that changed at some point?

8 A It changed in 2020. Before 2020, I was
9 working full time, and I think -- I believe in 2012 I
10 was still part time. So it has varied, but from 2012
11 to 2020 I was full time.

12 Q Well, let me clarify this.

13 From 2014 until 2017, you were full time?

14 A Yes.

15 Q And prior to that, back to 2012, correct?

16 A Correct.

17 Q Who do you report to?

18 A My supervisor is the medical director of
19 Elgin Mental Health Center. It was Dr. Daniel Hardy
20 before, but since 2017 it has been Dr. Patel.

21 Q And who reports to you?

22 A As of then, no one reports to me. All of the
23 disciplines of the treatment team are -- they have
24 their own supervisors, so I am not in charge of

1 anybody's evaluations or disciplining process. I'm
2 just working in collaboration with my treatment team.

3 Q In the particular case of any patient, are
4 you ultimately in charge of the treatment plan?

5 A I work in collaboration with my treatment
6 team to formulate a treatment plan. So all disciplines
7 are responsible for their own part of the treatment
8 plan.

9 Q All right. Now, what about the clinical unit
10 where you work? I believe that's K Unit; is that
11 right?

12 A Correct.

13 Q Are you in charge of the unit?

14 A I'm the psychiatrist on the unit. I would
15 not say I'm in charge of the unit. We also have a
16 nurse manager who oversees all of the administrative
17 duties. So I am a psychiatrist. So like I said,
18 everybody has different roles on the unit, and my role
19 is to be the psychiatrist, and I mentioned what my
20 duties are on the unit.

21 Q Okay. Let me ask it -- let me ask it this
22 way. Do you have any administrative or clerical
23 responsibilities as well as those responsibilities as a
24 psychiatrist, as a doctor?

1 A On this unit I do not have any administrative
2 responsibilities. There were times when -- but that
3 hasn't happened after Dr. Hardy left in 2017.
4 Sometimes Dr. Patel asked me to cover for her, and
5 I would just work on signing off on the travel
6 documents or if there is an issue, but I am not working
7 as an administrator.

8 Q Between 2014 and 2017 did you have any of
9 those -- any of those other more administrative
10 responsibilities?

11 A No.

12 Q Well, back to something maybe related to what
13 I asked.

14 When it comes to a treatment plan, is your
15 opinion about what's needed for a patient or your input
16 more important, or does it have a different
17 significance than the opinions or the inputs of the
18 other team members, like the social worker or the
19 psychologist or the activity therapist?

20 A In our facility everybody's opinion matters,
21 including social worker, activity therapy, nurses,
22 STAs, psychologists and psychiatrists. So everybody's
23 opinion matters because they work in different areas of
24 patients' treatment. So we work as a team, and

1 **everybody is working on matters.**

2 Q But you're the only M.D.; isn't that right?

3 A **Correct.**

4 Q So as the only medical doctor, doesn't that
5 give you some kind of seniority or some special
6 significance to your opinion?

7 A **Like I said, in our facility on our unit,**
8 **everybody's opinion matters. We take into account**
9 **everybody's opinion. And like I said, everybody has**
10 **different areas of expertise, and we value their**
11 **opinions.**

12 Q Part of your work in any individual patient's
13 case is explaining the patient's progress or lack of
14 progress in treatment to a court and maybe even a
15 prosecutor; isn't that true?

16 A **Can you rephrase your question?**

17 Q Yeah. I'm sorry.

18 You occasionally are in the role of
19 explaining a patient's progress or their lack of
20 progress in treatment to a court; isn't that right?

21 A **Every 90 days we have to submit a court**
22 **report to the court, and that is signed off by the**
23 **social worker and the psychiatrist. Sometimes we are**
24 **asked to testify in any proceedings regarding their**

1 **privileges or conditional release.**

2 Q So that does entail explaining the progress
3 or lack of progress of a patient to a court; isn't that
4 right?

5 **A Correct.**

6 Q Okay. Now, when a patient wants on-grounds
7 or off-grounds passes or, for that matter, conditional
8 release, do you usually tell the court whether it
9 should grant that request?

10 **A It depends on who the court wants to testify.**
11 **Sometimes social workers are asked to testify,**
12 **sometimes psychiatrists. So if the psychiatrist is**
13 **subpoenaed, then, yes, I would go to the court and**
14 **explain to the court, correct.**

15 Q In any event, your opinion about that request
16 would be in a court report, wouldn't it?

17 **A Yes.**

18 Q Now, how do you know -- as a psychiatrist,
19 how do you know when a patient is no longer mentally
20 ill?

21 **A I don't understand your question.**

22 Q You know if a patient is mentally ill, right?

23 **A Yes. Okay. Go ahead.**

24 Q And if a patient gets over their mental

1 illness, if they are successfully treated, how do you
2 know when they are no longer mentally ill?

3 A So for mental illness, patients have symptoms
4 of mental illness, and when they no longer have
5 symptoms, the symptoms are in remission and they are in
6 the process of recovery. We never say that they are
7 cured of mental illness because it's an ongoing
8 process, and, you know, once they have a diagnosis,
9 they would need some kind of treatment or supervision
10 and evaluation to make sure they are not having
11 symptoms. So it really depends on the diagnosis.

12 So for the diagnosis that we treat at Elgin
13 Mental Health Center, most of the time in the forensic
14 those diagnoses are usually long-term mental illnesses
15 that require long-term treatment, and the symptoms can
16 be in remission but not full cure because this is an
17 ongoing process.

18 Q So does that mean -- tell me if I'm wrong.
19 Does that mean as a medical issue when somebody is
20 mentally ill, they are always mentally ill?

21 A Correct.

22 MS. JOHNSTON: Objection. Form.

23 MR. KRETCHMAR: Sorry. What was that, Mary?

24 MS. JOHNSTON: Just objection, form or

1 hypothetical, but she can answer, and her answer was
2 yes, I believe, so . . .

3 MR. KRETCHMAR: Okay. Thank you.

4 BY MR. KRETCHMAR:

5 Q Is there any difference -- just another way
6 to ask the same question, perhaps. I hate to be too
7 meticulous, but is there any difference between not
8 mentally ill and not symptomatic?

9 MS. JOHNSTON: Objection. Form.

10 MR. KRETCHMAR: Well, let's see.

11 MR. CECALA: Can she answer? Did she understand
12 the question?

13 MS. JOHNSTON: If she understands the question.

14 THE WITNESS: No, I don't actually.

15 BY MR. KRETCHMAR:

16 Q Okay. You know when a patient is mentally
17 ill, right?

18 **A They are having symptoms of mental illness,**
19 **correct.**

20 Q Okay. And you know when a patient is
21 symptomatic. Are those two things the same?

22 **A There could be times when patients who have a**
23 **history of mental illness are no longer having**
24 **symptoms, but that does not mean they are fully cured.**

1 I will just give you an example. Just like people have
2 hypertension and they take their medication and their
3 blood pressure is normal, that does not mean that it's
4 cured. They will -- they will be normal if they are
5 taking the medication. So it's the same way. There
6 are neurotransmitters in the brain that go in balance
7 when patients are taking medication. That does not
8 mean they are fully cured.

9 Q I see. Okay. All right. Well, let me go to
10 something else.

11 How much time do you spend with any given
12 patient in any given month?

13 A If patients are not having significant
14 issues -- it really depends on what is going on. If a
15 patient is having significant issues, and they are
16 having symptoms, they are usually monitored more
17 closely, their treatment observation, and I see them
18 every day. So -- and some patients who are relatively
19 doing better and they are no longer having symptoms, I
20 sometimes see them once a week, sometimes once at their
21 staffing and once in individual session. So it really
22 depends on the level of care a patient needs.

23 Q So you never see a patient less than twice a
24 month; is that correct?

1 **A Correct.**

2 Q You mentioned that different members of the
3 treatment team have their own different inputs into the
4 process of evaluation and treatment and the plan and so
5 on. Is it ever the case that two members of the
6 treatment team have different opinions about an issue
7 that's critical, for example, whether a patient should
8 receive privileges from the court?

9 **A This is a very major thing, having**
10 **privileges. So most of the time it does not happen**
11 **that people disagree over this, because they have to**
12 **meet a certain criteria before they are ready for this**
13 **level of privileges, and it's a huge responsibility.**
14 **So in my career, I never had issues with treatment team**
15 **members disagreeing over privileges.**

16 Q Have you ever had issues of treatment team
17 members differing over other issues than a specific
18 court request?

19 **A Can you explain your question?**

20 Q Well, for example, suppose a patient had just
21 been transferred to your caseload from a different
22 unit, is there a possibility that the activity
23 therapist or the social worker on your unit might say,
24 "Gee, I think that patient is just depressed," whereas

1 you might say, "I think that patient is schizophrenic"?

2 **A The diagnosis is basically by a psychologist**
3 **or psychiatrist. So social workers usually do not have**
4 **input in their diagnosis. They work with -- the**
5 **psychotherapy, the placement, the substance abuse**
6 **issues, the diagnosis is mainly done by the**
7 **psychologist and the psychiatrist on the unit.**

8 **Q Does the psychiatrist ever disagree with the**
9 **psychologist?**

10 **A In terms of diagnosis?**

11 **Q Yes.**

12 **A It can happen, but I don't recall any such**
13 **incident myself.**

14 **Q It has never happened in your career?**

15 **A It might have. I don't recall it.**

16 **Q Okay. Now, if, for example, a psychiatrist**
17 **and a psychologist were to disagree about a diagnosis,**
18 **would that cause problems?**

19 **MS. JOHNSTON: Objection. Relevance.**

20 **She can answer.**

21 **BY THE WITNESS:**

22 **A Can you rephrase your question, please?**

23 **BY MR. KRETCHMAR:**

24 **Q Yes. If a psychiatrist and a psychologist**

1 were to disagree about the diagnosis of a patient,
2 would that cause problems?

3 A What kind of problems?

4 Q Well, would it cause a hesitation in putting
5 together a treatment plan, for example?

6 A So if the diagnosis is basically for their
7 mental illness, like, for example, schizophrenia,
8 bipolar, if we disagree over that, it would be the
9 psychiatrist who will be more responsible for that, but
10 if it's for cognitive impairment, since psychologists
11 usually do psychological testing and this is more of
12 their area of expertise, we would take into account a
13 psychologist's opinion more so because they are the
14 ones who did the psychological testing, and they have
15 more validation on those diagnoses rather than
16 diagnosis like schizophrenia or bipolar disorder or
17 depression. So it really depends on what kind of
18 diagnosis we have a disagreement on.

19 Q So would it be true that the treatment plan
20 would be the same regardless of any disagreement?

21 A Eventually we will come to an agreement, and
22 the treatment plan will have a diagnosis that
23 everybody -- you know, both the psychologist and
24 psychiatrist agrees on.

1 MR. CECALA: I'm going to try to share a screen.

2 MS. JOHNSTON: Is this one of the exhibits, Joe?

3 MR. CECALA: This is Exhibit No. 1 I'm pulling up.

4 (Whereupon, Plaintiff's Exhibit

5 No. 1 was marked for

6 identification.)

7 MS. JOHNSTON: And sorry. I'll just ask, because

8 I have them all on my computer, too, so for my ease,

9 I'll probably pull them up with you as you are.

10 MR. CECALA: Okay. I'm going to share and see if
11 this works. Can everyone see that?

12 MS. JOHNSTON: Uh-huh.

13 MR. CECALA: Maybe I can make it full screen.

14 MR. KRETCHMAR: I'll see it better, that's for
15 sure.

16 MR. CECALA: There you go.

17 DIRECT EXAMINATION

18 BY MR. CECALA:

19 Q Dr. Kareemi, do you see what's on the screen
20 right now?

21 A Yes, I do.

22 Q Okay. So what it says on this first page is
23 Defendant Faizina -- am I saying this correctly,
24 Faizina?

1 **A Faiza.**

2 Q Faiza. Okay. I'm sorry.

3 Faiza Kareemi's Answers To Plaintiff's First
4 Set of Interrogatories.

5 Do you remember preparing this document?

6 **A Yes, I do.**

7 Q And then I'm just going to jump to the final
8 page. I don't have these pages numbered. Sorry for my
9 slow screen. What is the number on the bottom? Yeah,
10 there's seven pages, and this is the last page.

11 Do you see that, Doctor?

12 **A Yes, I do.**

13 Q And is that your signature?

14 **A It is.**

15 Q And it's dated September 23rd of 2020?

16 **A Correct.**

17 Q Okay. I'm going to jump back up to the top.

18 Let me see if I can do this faster in another way.

19 Sorry about the slow computers, but -- it has to stop
20 at some point because there's a beginning of the
21 document. Okay. Great.

22 So where it asks -- it says, Interrogatory
23 Number 1, and it asks you to identify all persons with
24 knowledge of facts underlying the plaintiff's complaint

1 and identify all documents that relate to such
2 knowledge or facts.

3 **A I can't hear you. Can you please try to**
4 **speak into the mic, please?**

5 Q I'm going to move the microphone over. Is
6 this better?

7 **A Much better.**

8 Q Okay. Great.

9 So what I did was I read what it says after
10 interrogatory one, identify all persons with knowledge
11 of facts underlying plaintiff's complaint and identify
12 all documents that relate to such knowledge.

13 Do you see that?

14 **A Yes, I do.**

15 Q And then afterwards there's an answer. Now,
16 my question is: Did you prepare this answer on your
17 own?

18 **A I did with my attorney.**

19 Q Other than your attorney, did anyone else
20 help you prepare this answer?

21 **A No.**

22 Q So it identifies Pat Larson, former L Unit
23 psychologist, as someone who may have knowledge
24 relevant to the case.

1 Who is Pat Larson?

2 **A She was a psychologist on L Unit at that**
3 **time. She is retired now.**

4 Q Okay. How did you know she would have
5 knowledge about the complaint?

6 **A What complaint?**

7 Q Oh, so do you know what the plaintiff's
8 complaint means?

9 **A You're referring to that. Okay.**

10 Q Okay. Do you know what that is?

11 **A Yes.**

12 Q So -- and you're familiar with the contents
13 of it? You know what the allegations and statements in
14 the complaint are?

15 **A Not fully.**

16 Q Well, before you prepared this document, had
17 you read the complaint?

18 **A Yes.**

19 Q So were you familiar with it when you
20 prepared this document?

21 **A Yes.**

22 Q So as you sit here today, I'm asking you to
23 recall when you prepared this document what you were
24 providing to us is information about people that had

1 knowledge of the contents of that document. Do you
2 understand that?

3 MS. JOHNSTON: Objection. Just to clarify that it
4 says individuals that may have knowledge relevant to
5 the claims.

6 MR. CECALA: That's fine. I don't think it
7 changes my question.

8 BY MR. CECALA:

9 Q We're talking first about the contents of the
10 document with the allegations and the statements about
11 what happened at Elgin. You're familiar with that,
12 right?

13 A I am, and these are the people who were
14 actually working with Christy at that time and Ben,
15 so --

16 Q Yeah, thank you for that. That's not my
17 question.

18 A Okay.

19 Q My question -- and we -- and I apologize.
20 I really don't want to appear short, but I know that we
21 may have to take a break, and we have a limited amount
22 of time. So if I'm -- if you're just -- and this may
23 even help your own lawyer, because sometimes witnesses
24 volunteer information, and I really just want you to be

1 able to answer my questions, and volunteering
2 information is fine, but if I'm -- I'm not being short
3 with you on a personal level. I just want to make sure
4 we get our questions answered. Is that okay?

5 **A Correct. Okay. Thank you.**

6 Q Okay. So I'm asking you about the knowledge
7 of the information in a complaint. A complaint is all
8 the facts and information that was written down in the
9 lawsuit in which you've been sued. Do you understand
10 that?

11 **A Yes.**

12 Q Okay. So this question is asking for
13 individuals that may have knowledge about the
14 information in the document called plaintiff's
15 complaint, correct?

16 **A Correct.**

17 Q Okay. So you identified Pat Larson.

18 **A I did.**

19 Q Okay. So Pat was a unit psychologist, and my
20 question is: How do you know that Pat Larson had
21 information about the information in the complaint?

22 **A Because she was working on L Unit with the**
23 **patient and the social worker, so she was a part of the**
24 **treatment team at that time.**

1 Q Okay. Did you talk to her?

2 A About this incident? No, I did not.

3 Q So you're just merely -- she may have
4 knowledge merely because she was part of the treatment
5 team, is that what that means?

6 A Exactly. This is what -- because she was a
7 part of the treatment team at that time and working
8 with both the social worker and the patient, she may
9 have. Like I said, she may have. I don't know if she
10 does.

11 Q Okay. What about -- I have the same question
12 for Joanne Langley. Did you ever talk to Joanne
13 Langley?

14 A About this incident? No, I did not.

15 Q So, yeah, about anything that's in the
16 complaint, you've never spoken to Joanne?

17 A No.

18 Q Well, why would she be someone who has
19 knowledge about the information in the complaint?

20 A Because she was the supervisor for Christy.

21 Q Okay. And then same question: Have you
22 spoken to Antoinette Kelly?

23 A No.

24 Q And why would you assume she may have

1 knowledge relevant to the claims? Why did you answer
2 Antoinette Kelly?

3 A Because she was working as a nurse on that
4 unit at that time.

5 Q Okay. What about Daniel Hardy, have you
6 spoken to him about this?

7 A No. He was -- he was the medical director at
8 Elgin Mental Health Center at the time.

9 Q So why would you assume that the medical
10 director has knowledge about the complaint?

11 A Because he was the medical director at that
12 time. That's the reason.

13 Q But he wasn't a part of the treatment team on
14 that unit, right?

15 A No, he was not, but as a medical director, he
16 was made aware of what was going on, so he may have. I
17 don't know if he did. I never talked to him about this
18 thing.

19 Q Well, you said he was aware of what was going
20 on. How do you know he was aware?

21 MS. JOHNSTON: Objection. Misstates her
22 testimony.

23 MR. CECALA: Could we read back her testimony?

24 (Record read as requested.)

1 BY MR. CECALA:

2 Q So when you just said he was made aware, how
3 do you know he was made aware.

4 A I said he was made aware of the facts that
5 were going on on a unit hypothetically. I did not know
6 he was made aware of those facts. As a medical
7 director, they are made aware of what is going on on a
8 unit if there is an issue. So this may have been. I
9 do not know if he did or not.

10 Q Well, how would the medical -- how would the
11 medical director have been made aware?

12 A I don't know what you're asking. I already
13 answered that question.

14 Q Well, you said he may have been, but that
15 leaves open that he may have not been. I'm asking
16 if -- you put him down. It's your answer. I'm only
17 asking because you listed him, and I'm trying to find
18 out how you know he may have been made aware. How do
19 you know that?

20 A I don't know. I listed him because he was
21 the medical director at that time, and as a medical
22 director, they are made aware of incidents that are
23 happening, so he may have, and he may not have. I
24 don't know that.

1 Q So how -- how, when an incident is happening,
2 if you know, is the medical director made aware of the
3 incident? How does that happen?

4 A **I don't understand your question.**

5 Q Well, somehow Daniel Hardy, former medical
6 director, may have been made aware of what's happening,
7 correct?

8 A **Like I said, the medical directors are made**
9 **aware of incidents on the unit because they are the**
10 **medical director. This is the reason I named him,**
11 **because he was the medical director at that time. I do**
12 **not know if he knew or not, and I never had any**
13 **discussion about this incident with him.**

14 Q Yeah, that's not my question.

15 My question is, obviously, either some --
16 some way, either a written or a verbal communication
17 would make him aware unless he saw the incident for
18 himself. I'm trying to understand the ways that Daniel
19 Hardy may have become aware of claims in our complaint.

20 MS. JOHNSTON: Objection. Speculation.

21 MR. CECALA: I didn't ask a question yet.
22 I didn't ask a question yet.

23 MS. JOHNSTON: You've been asking how he would
24 have been made aware. I'm sorry. Go ahead.

1 MR. CECALA: Incidents in general. We're not even
2 at this. So she's -- look, it's an answer in an
3 interrogatory. We're not speculating about anything.
4 Daniel Hardy is a person she says may have knowledge
5 relevant to the claims. I have to ask how she knows
6 that. That's not speculation. She wrote it down.

7 BY MR. CECALA:

8 Q So my question to you, Doctor, is if he was
9 made aware -- because we're fencing with whether he may
10 not have been made aware. I understand that question.
11 But if he was made aware of knowledge relevant to the
12 claims, how do you know that that happened or didn't
13 happen?

14 A **Are you asking me the ways a medical director**
15 **is notified of incidents on the unit?**

16 Q You can -- that's a fair interpretation.
17 Fine. If you want to answer that, that's fine. How
18 would he be -- right, how would he be notified?

19 A **Sometimes there are calls, sometimes there is**
20 **an email, sometimes in person. It really depends. I**
21 **don't know. In this incident, if he was made aware, I**
22 **don't know. I put his name because he was the medical**
23 **director. That is the only reason.**

24 Q Could it have been -- you're giving me

1 different forms. It could have been a call. It could
2 have been an email. It could have been -- it could
3 have been just someone telling him as he walks by in
4 the hallway. Is that another way?

5 **A I've already answered your question. I don't**
6 **know what to answer.**

7 Q No, my question is, is it possible that
8 Daniel Hardy was just in the hallway and someone said,
9 "Hey, did you hear what happened? There was an
10 incident." Is that a possibility?

11 A I don't know. It can -- I don't know if it
12 can -- usually we don't talk about patients in the
13 hallway. I didn't say in the hallway. I said in
14 person. It could be in a meeting. It could be -- it
15 could be anything. I don't know.

16 Q Well, in-person communication is one way,
17 right?

18 A Yes.

19 Q Would it have to be a formal meeting?

20 A I think you're asking all of these
21 hypothetical questions, and I don't know how to answer
22 them.

23 Q That's not a hypothetical question. I'm not
24 trying to argue with you, Doctor. I don't know if you

1 understand the magnitude because, you know, we can go
2 to the judge and certify questions and have you
3 compelled to answer them. That's a very clear
4 question.

5 MS. JOHNSTON: Joe, I don't think she understands
6 the question. I don't think she is trying not to
7 answer.

8 MR. CECALA: Well, I asked, does it have to be in
9 a formal meeting. Mary, I'm not fencing with her. I'm
10 asking very clear, very precise, very slow-pitched
11 questions. And this is going to be a really long
12 deposition if this is how we're going to conduct it.
13 I'll end it and go to the court. I'll file a motion to
14 have her in contempt. We're not going to fence with
15 her for four hours. That's a very clear question --

16 MR. JOHNSTON: I don't think she is.

17 MR. CECALA: It's a very clear unobjectionable
18 question. If we're going to do this for four hours,
19 I'm going to end the deposition, and I'm going to file
20 a motion for contempt.

21 MS. JOHNSTON: Maybe we're getting confused here,
22 because -- if I can --

23 MR. CECALA: Does it have to be in a formal
24 meeting is not in any way --

1 MR. JOHNSTON: No, can we backtrack --

2 MR. CECALA: It's not even a gotcha question. And
3 I'm just telling you we're burning time right now on
4 this.

5 MS. JOHNSTON: I'm asking if we can backtrack for
6 a moment because I feel like maybe I've gotten confused
7 here, because you were asking about how she stated that
8 Daniel Hardy may or may not know about the allegations
9 in the complaint, right?

10 MR. CECALA: Well, here is the thing. I'm willing
11 to concede that what she wrote and what she is
12 answering are different. That's not what the answer to
13 the interrogatory under oath is. The answer to the
14 interrogatory under oath is that they may have
15 knowledge. It implies that they may not have it.
16 That's fine. But we are now fencing, and I'm not going
17 to fence for four hours. I'm willing to go that far,
18 but I'm even going towards may or may not. So what are
19 the different forms in which a communication is
20 delivered are my questions now.

21 MS. JOHNSTON: Just theoretically, not about this
22 specific incident, theoretically how might information
23 be conveyed to Daniel Hardy?

24 MR. CECALA: Well, they are her answers, so I'm

1 allowed to ask the question about the form in which
2 these people, according to her knowledge because she
3 put them on the page, may have received the
4 information. I'm only probing that side.

5 MS. JOHNSTON: And, Joe, I'm not trying to argue
6 with you. I'm just trying to make sure we understood
7 what you were asking.

8 MR. CECALA: No, Mary, we have been very gracious
9 with one another for two years, but we're now deposing
10 defendants, and the degree of evasiveness isn't going
11 to be something we're going to put up with. I will
12 go -- I will go very fast, right to motions to compel.

13 MS. JOHNSTON: I do not believe she is trying to
14 be evasive, but let's just go ahead.

15 MR. CECALA: Well, we have -- as lawyers, we have
16 different opinions about what's actually occurring, so
17 I'm going to try again, Doctor. Okay?

18 BY MR. CECALA:

19 Q You wrote down that Daniel Hardy may have
20 knowledge relevant to the claims that are in the
21 complaint, correct?

22 A Correct.

23 Q Okay. Now I'm asking you how you know that
24 he may have knowledge. How did you find that out? He

1 is the medical director, not the treatment team. How
2 do you know?

3 **A Because medical directors get notified about**
4 **incidents on the unit.**

5 Q Very good. How do medical directors get
6 notified about incidents on the unit?

7 **A It could be an email. It could be in-person**
8 **meeting. It could be a telephone call.**

9 Q Does it have to be a formal in-person
10 meeting?

11 **A It really depends. I don't know. It doesn't**
12 **have to be a formal meeting, but we do not talk about**
13 **these things in hallways. It has to be in a place**
14 **where a patient's confidentiality can be taken care of.**

15 Q Okay. Great.

16 And so now I have a similar question. So the
17 answer is it could be any one of a number of different
18 ways, but in your view, it would be something that's
19 formal in a closed office setting where someone is
20 delivering the communication, not a casual
21 communication in a hallway, correct?

22 **A Correct.**

23 Q So I'm going to go through the next two, and
24 then I'll ask you something about that.

1 And you wrote down, as well, Jeffrey Pharis.
2 So why did you write down that Jeffrey Pharis may have
3 knowledge?

4 **A For the same reason, because he is forensic**
5 **medical director, and incidents were reported to him if**
6 **something happened.**

7 Q And how would he have received the
8 notification that something happened?

9 **A In some communication when a director is**
10 **notified for any incident, it's the same way, phone**
11 **call, personal meeting or email.**

12 Q And have you spoken to Jeffrey Pharis about
13 this?

14 **A No.**

15 Q And then you also wrote down Victoria Ingram.
16 Same question. So why did you write down Vicky?

17 **A She is the director of court services, and**
18 **for the same reason, that she is also made aware of**
19 **incidents like that in the same form, by phone call, by**
20 **personal meeting or by email.**

21 Q And Dr. Hardy, Jeff Pharis and Vicky Ingram,
22 none of those people are part of the treatment team,
23 correct?

24 **A They are not.**

1 Q So based upon your knowledge from your
2 position as a psychiatrist, what would be the purpose
3 of these people having that information?

4 A Can you explain the question? What would be
5 the purpose?

6 Q Why are they notified?

7 A Because they are supervisors. One is medical
8 director, other one is forensic medical director, one
9 is director of court services. So when anything of
10 significant importance happens, these people are
11 notified. Like Dr. Ingram is director of court
12 services. She gets all of the court reports, 90-day
13 court reports. She reviews them. So if there is
14 anything of any significance in those court reports,
15 then she would know, but I personally never talked to
16 any one of them about this incident.

17 Q Okay. Well, have you talked to anyone else
18 other than these five people about this incident -- six
19 people. I'm sorry.

20 A So your question is that if I've talked to
21 anyone else about these -- this incident?

22 Q Other than your lawyer.

23 A Yes. When this investigation was initiated,
24 there were times that I have -- you know, people were

1 telling different things after the investigation was
2 initiated.

3 Initially we did not even know what was going
4 on. We only knew that Christy was escorted off the
5 unit. For a while we did not know what was going on,
6 but started seeing the news, and so people were talking
7 about what was in the news. I do not rememberer any
8 specific conversations, but, yes, with the treatment
9 team members, with the staff, there were different
10 rumors about different things. So, yes, we have heard
11 and talked about the news, talked about what was
12 happening after that evaluation -- after this
13 investigation was initiated.

14 Q Okay. So who did you talk about --
15 I appreciate that answer.

16 My question was: Who did you talk about this
17 with?

18 A I remember -- if you asked me specifically,
19 I have a social worker on the unit by the name of Bob
20 Hamlin. I recall him telling me about the news. We
21 discussed this was in the news, because the
22 administration was not made aware what was happening,
23 so we discussed the news, what was in the news, so
24 I . . .

1 Q Other than Bob Hamlin, who else did you talk
2 about the claims in the complaint?

3 A I don't recall. It would have been other
4 staff members. Let me recall who else have I talked
5 with at times. Andrew Beck, he is another social
6 worker on the unit. So we talked about what was in the
7 news, and this was all after the investigation started
8 and, you know, we were hearing things on the news.
9 So -- and let me recall. Dr. Javed, I may have
10 discussed it with her. I don't recall anybody else.

11 Q So Bob Hamlin, Drew Beck and Dr. Javed are
12 the only people you've ever discussed anything about
13 the claims in the complaint with?

14 A I don't recall if I did with anybody else,
15 because everybody was -- at that time everybody was
16 talking about it.

17 Q Now, you said at that time. You're referring
18 to the news reports that came out after the complaint
19 was filed, correct?

20 A Correct.

21 Q So you never talked to anyone about what was
22 happening because this is -- what's in the complaint
23 happened before the news reports, correct?

24 A Before the news reports?

1 Q Well, sure. In the complaint, it outlines
2 all kinds of events that happened before November of
3 2017. Are you aware of that?

4 A In the news? Yes, I'm aware of what was in
5 the news.

6 Q Not the news. The events in the complaint
7 all occur before the news story, correct?

8 A Correct.

9 Q My question is: Before the news story, did
10 you talk to anyone about the information that's
11 contained in the complaint?

12 A No.

13 Q So you never spoke to Dr. Javed about
14 anything related to what was going on before the news
15 stories?

16 A No.

17 Q And you never spoke to Drew Beck about that?

18 A No.

19 Q And you never talked to Bob Hamlin?

20 A No, because we were not aware of anything
21 that was happening until there was investigation that
22 started. Even after the investigation started, we were
23 not getting any information from anyone, but when we
24 started hearing those news, then people started to get

1 **to know what was going on.**

2 Q Okay. So that's -- that gives us another
3 period of time. So you just mentioned an
4 investigation. What investigation are you referring
5 to?

6 A What happened was that we were -- at that
7 time Ben was on my unit, so we were told by
8 administration to hold his passes, because he had
9 on-grounds and off-ground pass, and we restricted his
10 phone calls. And that is the only information we were
11 given, and we did not know what was going on. We also
12 find out -- found out from different resources that
13 Christy was escorted off the premises by security.

14 Q We're going to get into all of that.

15 My question was: What investigation are you
16 referring to?

17 MS. JOHNSTON: Joe, can you rephrase that? You
18 echoed for a minute. I couldn't hear the start of your
19 question.

20 BY MR. CECALA:

21 Q My question is: What investigation are you
22 referring to?

23 A Investigation about what was going on when
24 they asked us to pull his passes, Ben's passes, and

1 pull -- and restrict his phone calls. I'm calling this
2 that investigation; that we were told that it was
3 because of an investigation.

4 Q Right. So between the time you found out
5 about the investigation and the news reports, you
6 didn't talk to Bob Hamlin about any of the information
7 that now is revealed in the complaint?

8 A No, because we did not have that information
9 at that time.

10 Q But you didn't talk about anything pertaining
11 to the investigation or why there was an investigation?

12 A Yes, we --

13 Q You made no comments at all?

14 A We -- we did not know what was going on, so
15 we were talking. We were wondering and we were talking
16 about what is going on, why are we asked to do that?
17 At that time we did not know.

18 Q See, I'm not asking what you knew. My
19 question is: You're now saying you did talk about
20 something, right?

21 A We talked about the investigation that Ben is
22 restricted to the unit and he was not allowed phone
23 calls and the fact that Christy was escorted off the
24 unit, about that investigation.

1 Q Right. So what was said at that time about
2 Ben being restricted and Christy being escorted between
3 you and anyone? Just we'll start with Bob Hamlin, Drew
4 Beck, Dr. Javed, what was said between you and them?

5 A We were told that he -- there -- no
6 information was given, so we were wondering what was
7 going on. We were just saying that "What is going on?
8 Why is this happening?" That is the conversation we
9 were having with each other; that why is this thing
10 happening and why the administration is not telling us
11 what has happened.

12 Q So you talked about -- you had that
13 conversation of we don't know what's going on with Bob
14 Hamlin?

15 A I may have. I do not recall specific
16 conversations. I may have because he was working on my
17 unit, and we worked very closely.

18 Q What about -- what about Drew Beck, did you
19 have a conversation like that with Drew Beck?

20 A I do not -- as I said, I do not recall that
21 conversation because it happened five years ago. I
22 know that we worked very closely, and since we were all
23 wondering, I may have talked about it, but I do not
24 recall any specific conversation.

1 Q What about Colleen Delaney, had you ever
2 spoken to her about any of the information in the
3 complaint?

4 **A No.**

5 Q Diana Hogan, have you ever spoken to her
6 about any information in the complaint?

7 **A No.**

8 MR. CECALA: One second. Sorry about that.

9 BY MR. CECALA:

10 Q So this question goes right to the
11 information about what's in the complaint, which you
12 correctly identified is this investigation that Christy
13 left the facility, Ben was restricted, and there was at
14 least some conversations with some people, perhaps Bob,
15 Drew or Dr. Javed, but you don't remember which one or
16 when after the investigation started. Is that a fair
17 way to say it?

18 **A Correct.**

19 Q What I'm wondering is how -- so would Bob
20 Hamlin have had knowledge about the complaint in the
21 conversations that you did have?

22 **A I don't understand your question.**

23 Q When you talked to Bob Hamlin and you were
24 wondering about the investigation, what were you saying

1 to one another?

2 **A** I think I answered that question earlier;
3 that we were wondering what was going on. We were
4 surprised at why these passes all of a sudden are put
5 on hold. He was very close to being discharged. You
6 know, we do not do this for patients who are being so
7 close to discharge and doing overall okay, no
8 incidents. So we were all wondering what was going on.
9 And same thing with Bob Hamlin, same thing with Drew
10 Beck, and same thing with Dr. Javed.

11 **Q** And is there anyone other than Bob Hamlin,
12 Drew Beck and Dr. Javed that you would have done this
13 wondering what was going on with?

14 **A** I don't recall.

15 **Q** Okay. Is there a reason you didn't list Bob
16 Hamlin in addition to the other six people that may
17 have knowledge relevant to the claims?

18 **MS. JOHNSTON:** Sorry. Joe, I think you froze.

19 **MR. CECALA:** Sorry.

20 **MR. JOHNSTON:** No, you're back. I think you cut
21 off at other -- is there a reason you didn't -- yeah.

22 **BY MR. CECALA:**

23 **Q** Is there a reason you didn't list Bob Hamlin
24 with the other six people in your answer to question

1 number one?

2 **A** The reason I did not list him is because he
3 was also wondering. So I do not -- I know that after
4 talking to him, he did not know anything, and he was
5 wondering just like me. So I knew that he didn't know
6 anything.

7 **Q** Okay. If you look at this interrogatory
8 number two, "Identify all persons with knowledge of the
9 facts underlying the affirmative defenses set forth in
10 defendants' answer to the complaint and identify all
11 documents that relate to such knowledge or facts," as
12 part of your answer, it says that you're relying upon
13 the fact that you acted reasonably and in good faith at
14 all times relevant to the claims.

15 So the complaint has a time window from 2014
16 to 2017, correct?

17 **A** Correct.

18 **Q** Can you help me understand how you acted
19 reasonably and in good faith regarding the claims that
20 are made in the complaint?

21 **A** Nothing was reported to me about Ben or
22 other -- or anybody else, so since I was not aware of
23 any of these complaints, there was nothing else I could
24 have done differently.

1 Q Just on a different question, not actually
2 related to this interrogatory, but do you know who Mark
3 Owens is?

4 A **Yes, I knew.**

5 Q Are you aware that Mark Owens also filed a
6 lawsuit against Elgin Mental Health Center staff?

7 A **I'm aware.**

8 Q And do you have any information -- like you
9 just said, no one reported anything to me. Do you have
10 any information about the allegations in the Owens
11 complaint?

12 A **No one reported anything to me in that case,**
13 **either. He was a patient on another unit. He was on**
14 **my unit. I don't even remember at what time, but I**
15 **believe he was at one point on my unit. He never**
16 **reported any of that to me, neither did anybody else.**

17 Q Okay. And I'm not trying -- none of these
18 are gotcha questions. I'm not trying to trick you, but
19 there's a difference between my question and your
20 answer.

21 My question is: Do you have knowledge? My
22 question is not did anyone report something to you. Do
23 you see the difference?

24 A **Okay. So let me try to understand. So what**

1 you're asking is if I had any knowledge of any -- if
2 any of those complaints were happening at that time,
3 any of that was happening; is that correct?

4 Q I'm asking what your knowledge is, whatever
5 your knowledge is, not did someone report something to
6 you. Do you understand the difference?

7 A I understand. So I can --

8 Q I haven't asked the question yet. I just
9 want to clarify that when I'm asking a question that
10 you're understanding the question and answering the
11 question I've asked rather than something that I didn't
12 ask.

13 A Okay.

14 Q That's all we're doing right now.

15 A Okay. Thank you.

16 Q So now I'm going to ask the question again.
17 Do you have any knowledge about the
18 information related to Mark Owens' complaint?

19 A No.

20 Q So you know nothing about anything that
21 happened to Mark Owens as it relates to the complaint
22 and his stay at Elgin Mental Health Center?

23 A Not before those allegations were made. Not
24 before that investigation was initiated. Now I am

1 **aware, but not at that time.**

2 Q Okay. Well, you have knowledge now, right?

3 A **Correct.**

4 Q That's my question.

5 What do you know?

6 A **Well, I know that Mark Owens allegedly said**
7 **that he was also sexually abused by the same staff**
8 **member.**

9 Q And who is that?

10 A **Christy Lenhardt.**

11 Q And what other -- what other knowledge do you
12 have about that?

13 A **I don't have any other knowledge. That's all**
14 **I know.**

15 Q So I'm going to ask you the same question
16 again about the assertion that you acted reasonably and
17 in good faith.

18 What knowledge do you have about the
19 complaint that would lead you to the conclusion that
20 you acted reasonably and in good fifth?

21 A **Since nothing was reported to me, I don't**
22 **know what would I have done to prevent that. I was not**
23 **aware of what was going on at that time. I was made**
24 **aware after the investigation was initiated. I acted**

1 **in good faith because I was not aware of what was going**
2 **on at that time.**

3 Q Go down to interrogatory number 12. Doctor,
4 do you see where it says interrogatory 12 on the page?

5 **A Yes, I do.**

6 Q So it asks you to describe in detail events
7 that led up to your first knowledge or suspicion that
8 plaintiff was engaged in a sexual relationship with
9 Christy, including how you came by the knowledge, all
10 persons with whom you shared any information or
11 suspicions about a sexual relationship with Christy and
12 the specific location of documents, recordings or other
13 written information relevant to the events that led to
14 your knowledge or suspicion, and describe all
15 information and identify all documents you prepared to
16 help report and document the incident.

17 You see all of that, right?

18 **A Yes, I do.**

19 Q And you can take your time to read your
20 answer. Do you want to take a look at your answer?

21 **A Yes.**

22 Q Have you read it?

23 **A Yes.**

24 Q Is this answer still true today?

1 **A Absolutely. Yes.**

2 Q So all of the information that you had that
3 led to any knowledge or suspicion about Ben and Christy
4 came after the investigation was initiated? And when
5 I say the investigation, I mean -- I guess I wouldn't
6 ask Counsel to stipulate. We're going to get to this
7 in a minute. But the investigation started on
8 June 30th, 2017.

9 MS. JOHNSTON: Joe, I was just going to jump in
10 and say for ease moving forward, I'm happy to
11 stipulate, and I apologize if -- what if we call --
12 just because I know at some point you might talk about
13 the ISP.

14 MR. CECALA: Yeah, that's going to be the next
15 exhibit.

16 MS. JOHNSTON: Do we want to talk and maybe we can
17 refer to the Elgin investigation and then the ISP
18 investigation to have the two different --

19 MR. CECALA: Sure. Sure.

20 MS. JOHNSTON: I didn't know if that just might
21 make it easier for identifying time periods moving
22 forward.

23 MR. CECALA: Yeah. That's fine. I'll clarify
24 that. So on -- and stipulated.

1 BY MR. CECALA:

2 Q So on June 30th of 2017, there was an Elgin
3 search of Ben Hurt's room. Are you aware of that?

4 A Yes, I am.

5 Q And when we say the Elgin investigation,
6 we're talking about what the Elgin security and
7 administration did, looking at what was found in Ben's
8 room that day, correct?

9 A Correct.

10 Q Then there's another investigation which was
11 conducted by the Illinois State Police. You're aware
12 of that one, too, correct?

13 A Correct.

14 Q Coincidentally, that investigation started on
15 the same day, June 30th. Did you know that?

16 A I did not know when that investigation
17 started.

18 Q Okay. So maybe we can just call it the State
19 Police investigation --

20 A Okay.

21 Q -- okay, for clarity?

22 So I'm asking about this question on
23 interrogatory number twelve. You're saying that what
24 you've written here is -- you don't want to make any

1 changes to anything you've written down here today
2 based upon what you wrote on, I think it was,
3 September 23rd, 2020?

4 **A Yes. Correct.**

5 Q There's nothing you want to add to this?

6 **A The first time I learned about this incident**
7 **was through the news and when everybody started**
8 **discussing what was in the news. This is the first**
9 **time I learned about this incident.**

10 Q Well, what it asks is your first knowledge or
11 suspicion that plaintiff was engaged in a sexual
12 relationship with Christy. So your first suspicion
13 that Christy and Ben were in a sexual relationship
14 wasn't until the news stories, which are in November of
15 2017. Is that your answer?

16 **A Can you repeat the date?**

17 Q The news stories that you were referring to,
18 I believe -- and I don't know if counsel wants to
19 stipulate, but they all occurred after the filing of
20 the lawsuit. The lawsuit was filed on November 4th,
21 2017. There were no news stories before November 4th.
22 And I'm just trying to get the time frame for when you
23 first had any knowledge or suspicion that there was a
24 sexual relationship between Christy Lenhardt and Ben

1 Hurt, and your answer is all of your suspicion and
2 knowledge happened after November 4th of 2017.

3 Is that your answer?

4 A To the best of my knowledge and recollection,
5 that's my answer. I don't recall having any suspicion
6 before that. When the investigation was started, we
7 were not made aware of what was going on, why she was
8 escorted off the unit, why Ben was restricted to the
9 unit. We were not made aware.

10 Q Did you have any other knowledge besides what
11 you weren't made aware of by investigative people.

12 A I don't recall.

13 Q Well, you were Ben's psychiatrist, correct?

14 A Correct.

15 Q There are no incidents, as you sit here
16 today, that would have led you to an earlier knowledge
17 than November 4th of 2017 that you had a suspicion that
18 there was something going on between Christy and Ben.
19 Is that your answer?

20 A That's correct. There was no incident that
21 would lead me to believe that. There was one incident,
22 I don't remember when exactly it happened, when Christy
23 and Ben were locked in a room, but at that point Ben
24 never said anything to me. We were just concerned

1 about everybody's safety. That lock was a faulty lock,
2 and we knew that we were having issue. At that point
3 we did not suspect anything.

4 Q Well, when did you first suspect something?
5 Did you suspect it on -- that incident happened on
6 May 31st, 2017. When did you first suspect that there
7 was something more going on between Christy and Ben?
8 Was it -- was it not until November of 2017?

9 A When Christy was escorted off the unit, Ben
10 was restricted. At that point there may be what was
11 going on, but that this would be going on, I do not
12 recall even thinking that this would happen.

13 There is OIG investigation for different
14 reasons, and it would be for people being abusive to
15 staff -- to patients. So I -- we suspected there was
16 something going on, but something of this magnitude I
17 did not suspect.

18 Q Well, the question that's written here -- and
19 I'm trying to give you an opportunity to change your
20 answer today, and now you're indicating that there was
21 a suspicion of something, correct? And now you're
22 qualifying it to this magnitude.

23 What was the magnitude of your suspicion
24 related to the -- any relationship between Ben being

1 restricted and Christy being asked to leave?

2 A Since those incidents happened together, it
3 could be any verbal abuse by staff to patient. It
4 could be any exploitation. It could be anything.
5 These are just speculation. It was just wondering is
6 there a connection between the two, you know? So I do
7 not -- I did not suspect anything that this was going
8 on even at that time when Ben was restricted and
9 Christy was escorted.

10 Q Even at that time, which time?

11 A When Christy was escorted off the unit, I
12 believe it was June 30th of 2017?

13 Q Yes.

14 A Yes. So at that time I did not suspect that
15 this was going on. I just suspected it might have a
16 connection between the two, and it's possible maybe she
17 was not really abusive or she exploited, it could be
18 anything, but I did not suspect that there was some
19 kind of sexual activity going on between the two.

20 Q What made you think she was being verbally
21 abusive to him?

22 A Just speculation. I'm just giving you
23 examples why at different times investigations were
24 initiated, why at different times OIG is called. I'm

1 just giving you some examples.

2 Q But I'm asking what you thought.

3 A I did not think of anything. I just suspect
4 that it could be verbal abuse, it could be just
5 exploitation, it could be anything, so I did not
6 suspect any kind of sexual relationship.

7 Q Well, it could be anything. Could it have
8 been a sexual relationship?

9 A It could have been. Again, speculation. It
10 could be anything, but I did not at that time think
11 about it. That's all I recall.

12 Q But that -- so a suspicion of something, you
13 had no -- you're saying you had no other knowledge to
14 lead you to a suspicion that there was a romantic,
15 sexual relationship between Ben and Christy -- same
16 question about this interrogatory 12 -- until the news
17 stories, correct?

18 A That's what I recall; that when I started
19 hearing it in the news and we started talking about it,
20 that's when I remember that that's when I became aware
21 of it.

22 (Whereupon, Plaintiff's Exhibit
23 No. 2 was marked for
24 identification.)

1 BY MR. CECALA:

2 Q Okay. I'm going to go to Exhibit 2. I'm
3 going to try this quickly to go to the next exhibit.
4 Hopefully I don't fail. Hey, look at that.

5 So do you see -- Doctor, do you see the
6 transcript on the screen right now?

7 A I do.

8 Q So this has been marked as Exhibit No. 2. Do
9 you remember testifying -- giving a witness statement
10 to the Illinois State Police?

11 A I remember.

12 Q And was that on November 8th, 2017?

13 A I don't exactly recall, but I see the date
14 November 8th, 2017, yes.

15 Q Then sorry for the slow computer. On page
16 five -- yeah, page five.

17 MR. KRETCHMAR: There is an upside down page.

18 MR. CECALA: Oh, no. That's four. Let's go to
19 five. Maybe it will be right side up. Yes. Great.

20 BY MR. CECALA:

21 Q So on page five -- jeez, some of these are
22 upside down. We're good.

23 Doctor, do you see the screen right now? It
24 has lines one through 13?

1 **A Yes, I do see that.**

2 Q And the police, at the top of the page, are
3 asking you what you've heard about these allegations,
4 and the A's are your answers. The Q's are the State
5 Police questions.

6 **A Okay.**

7 Q They ask you what have you heard, and your
8 answer is, "There are some allegations against an
9 employee here, former employee."

10 And then he asks you: What is her name?

11 Christy Lenhardt.

12 What have you heard?

13 And you answer: I heard there are
14 allegations of some sexual abuse towards a patient.

15 Then he asks what type of sexual abuse? And
16 you say -- do you know what type? And you say no.

17 Do you remember being asked those questions
18 and giving those answers?

19 **A Yes. I can see that. I don't remember my**
20 **exact words, but I see them, looking at it.**

21 Q Okay. So on November 8th you didn't know any
22 information about what type of sexual interactions that
23 were occurring between Ben and Christy?

24 **A Since I answered that question, yes.**

1 Q Yeah, it's fine. None of these are trick
2 questions. I'm asking to verify your answers from
3 before.

4 A Yes.

5 Again, I would just like to say that this
6 happened five years ago, so I do not recall exactly my
7 answers, and I did not get a chance to review it
8 either, so . . .

9 Q No worries. That's why I'm asking you these
10 questions, because if your memory is changed or
11 different or if you want to change your answers, that's
12 why we do what we're doing, to make sure we get all of
13 the evidence, truthful evidence, in the case, okay?

14 I'll just move this over so I can see what
15 page we're on. Okay. So we're now on page seven, and
16 the State Police are asking you about Christy and your
17 interactions with her just prior to this, and they ask
18 you did you have any interaction with Christy on the
19 L Unit side. Do you see that?

20 A Yes, I see that.

21 Q And then your answer is: Yeah, I mean, we
22 shared morning reports, so we are -- every morning the
23 whole team is there. So Christy is there, too. She
24 was there, too, during that time.

1 Do you remember giving that answer to the
2 State Police?

3 **A Yes, I can read it, and I remember.**

4 Q Okay. What you're referring to there is the
5 fact that K and L are sister units, correct?

6 **A Correct.**

7 Q So when you have your morning meetings, the
8 treatment teams, the psychiatrists, psychologists and
9 the social workers, I think the activity therapists,
10 they all attend a meeting every morning to start the
11 day, correct?

12 **A Correct.**

13 Q So is that the morning report or morning
14 meeting that you're referring to?

15 **A Correct.**

16 Q And from 2014 till Christy left on June 30th,
17 2017, whenever you were at work attending a morning
18 meeting, was Christy at that morning meeting, as well?

19 **A Most meetings, yes.**

20 Q Okay. So it was a full-time interaction
21 between the K and L Unit personnel, correct?

22 **A During the meeting, yes.**

23 Q So you were able to observe Christy in those
24 morning meetings during the time she worked there if

1 you both were in attendance, correct?

2 **A Correct.**

3 Q Now it's page ten. We're starting at,
4 actually, line -- well, the top of the page. Well, the
5 bottle of page nine has the question.

6 MR. CECALA: Sorry about our slow computer, guys.

7 MS. JOHNSTON: It happens.

8 BY MR. CECALA:

9 Q So here is another question that the State
10 Police asked. It says, "Okay. Have you ever seen
11 Christy on the K side when she was working from the
12 L side?" And the answer on the next page, page ten,
13 says: As far as I recall, no, because like I said,
14 I worked 7 to 3 shift. I have never seen her, you
15 know, coming as far as I remember."

16 So my question is: You would have seen
17 Christy in the morning meetings, correct?

18 **A Yes, in the morning meetings. They could**
19 **have -- they could be on K side, L side, it really**
20 **depends, but for any other reason, I don't recall**
21 **seeing her.**

22 Q Okay. Good. That's what I want to clarify.

23 So there's not really other reasons you would
24 have interacted with Christy other than the morning

1 meetings?

2 **A** Morning meetings. Sometimes we cover for
3 each other. So if Dr. Javed is not there, I might have
4 had to, you know, work with her on some patients. So
5 there are times when we cover for each other and see
6 each other for other than morning meetings.

7 **Q** So you may have worked with Christy,
8 interacted with her during the workday, not just the
9 morning meeting?

10 **A** It may have happened, yes.

11 **Q** So what was your working relationship like
12 with Christy?

13 **A** Very professional.

14 **Q** Did you socialize with her?

15 **A** If there were, like, Christmas parties for
16 the unit, you know, for the whole unit, yes, we went
17 out with the whole team, but just one-on-one with her,
18 no.

19 **Q** So then the State Police go on to ask you if
20 you know who Ben Hurt is, and you answer that he was
21 discharged.

22 He was on the K Unit when he was discharged,
23 correct?

24 **A** Correct.

1 Q And then you're asked, "How long was he on
2 your unit for, can you recall that?" And you say, "A
3 few months." Correct?

4 A Yes. So now I can give you a more
5 approximate answer because he came to my unit on
6 December 18, 2016, and he was discharged on July 22nd,
7 2017, so around seven months.

8 Q Great. And you explain here the reason he
9 was transferred. So what was the reason that he was
10 transferred?

11 A Ben had a physical altercation, a fight with
12 another patient. To separate both patients, he was
13 transferred from L Unit to the K Unit.

14 Q And that was literally a physical altercation
15 where they came to blows, right?

16 A Yes, it was a physical altercation. Yes.

17 Q Is that commonplace?

18 A It's a psychiatric facility. Yes, it
19 happens, and at that point we have to separate both
20 individuals to protect patients from each other.

21 Q And then on page eleven -- well, let me ask
22 this, as well.

23 So once that happens and they transfer a
24 patient to separate them, right, is it customary that

1 the patients stay on the unit they have been
2 transferred to, or do they go back to the unit that
3 they were transferred from?

4 **A It really depends on the circumstances.**
5 **Sometimes we feel that the issue has resolved, then**
6 **sometimes they go back. Sometimes they stay on the**
7 **same unit, the unit that they are transferred to.**

8 **In Ben's case, he did have substance abuse,**
9 **and the unit that I worked on is a mental illness and**
10 **substance abuse unit, so the team decided it would be**
11 **good for Ben to complete the MISA program before he**
12 **leaves; we would just let him stay on K Unit.**

13 **Q So that was a treatment team decision,**
14 **correct?**

15 **A Yes.**

16 **Q Were you part of the treatment team that made**
17 **that decision?**

18 **A Yes.**

19 **Q Was Dr. Javed part of the treatment team that**
20 **made that decision?**

21 **A Yes.**

22 **Q And did you have a meeting about that to talk**
23 **about it with the other members of the treatment team?**

24 **A I don't recall it, but I can just tell you**

1 that these decisions are made by both treatment teams,
2 and the administration has to approve it. Without
3 administration's approval, we cannot transfer the
4 patient from the one unit to another.

5 Q So without the administration's approval, you
6 said?

7 A Correct. So any time you want to transfer
8 one patient to another unit, we have to get approval
9 from administration.

10 Q So that would be something called an
11 administrative transfer, right?

12 A Correct.

13 Q So if it's not an administrative transfer and
14 you make a transfer, is there another way to do that?

15 A Even for that we had to get approval from
16 administration, for any kind of transfer.

17 Q But one is just purely administrative, right,
18 and the other one might be characterized as a clinical
19 transfer?

20 A Clinical team recommends it, and
21 administration approves it.

22 Q Well, but the reason -- the reason being
23 clinical. For example, here, Ben, you're saying he
24 needed MISA substance abuse treatment, so he was

1 clinically not on the MISA unit, right? When he was
2 on -- when he was on L Unit -- L Unit is not a MISA
3 unit, right?

4 **A No, it is not.**

5 Q So the transfer, was it a clinical transfer
6 so he could get different treatment, or was it for his
7 safety?

8 **A Initially it was for his safety, but we**
9 **decided for him to stay on K because of the substance**
10 **abuse issue.**

11 **Most of the transfers are because of the**
12 **clinical reasons, but we always have to get approval**
13 **from administration. We cannot transfer a patient**
14 **without approval from administration.**

15 Q So when you say approval from administration,
16 who is administration?

17 **A Jeff Pharis was the person. Because he was**
18 **the forensic director, he was responsible for approving**
19 **transfers.**

20 Q Was Christy Lenhardt ever discussed in regard
21 to his transfer?

22 **A I don't recall ever discussing Christy**
23 **Lenhardt because -- the reason for his transfer, no.**

24 Q What about the possibility of him --

1 obviously there was a decision to keep him on the MISA
2 unit, right?

3 A Right.

4 Q So if you had not decided to keep him on the
5 MISA unit, the alternative would have been to send him
6 back to L Unit, right?

7 A Like I had mentioned earlier, if the issue is
8 resolved and we feel that it's safe, it has been done
9 sometimes, but I don't recall in his case if that issue
10 was resolved or not, but the main reason that he stayed
11 was the substance abuse issue.

12 Q So you don't know whether the patient that
13 Ben got in the fight with remained on L Unit or not?

14 A I don't recall how long he stayed on -- the
15 other patient stayed on L Unit.

16 Q Hang on one second.

17 So on page 14, I think it is --

18 MS. JOHNSTON: Off the record for one second.

19 (Whereupon, a discussion was held
20 off the record.)

21 MS. JOHNSTON: Back on the record.

22 BY MR. CECALA:

23 Q So, Doctor, on the middle of this page there
24 is a question from the State Police. He is asking,

1 "Okay. And if patients are spending too much time in a
2 social worker's room and if you notice that, what are
3 the procedures? Do you talk to the social worker? Do
4 you bring it up to somebody else, or how does that
5 work?" And you can read your answer if you would like.
6 I like to read it into the record. If you don't mind
7 reading it, that way it's in the record, because if you
8 read it silently, the court reporter can't take it
9 down.

10 A You want me to read that aloud?

11 Q Yeah, from line 18 on.

12 A Okay. "I think it depends on the nature, you
13 know, if we just feel that it's just because a person
14 is just, you know, feeling this for this person and
15 being, you know, a little bit more -- paying more
16 attention to this person, we would just talk to this
17 person and say that, you know, you have to treat
18 everybody equally and the other person, patients are
19 complaining that you're spending more time."

20 Q So -- and the answer continues, but I'm glad
21 you stopped there.

22 So what did you mean by the other patients
23 are complaining that you're spending more time?

24 A Can I read it again?

1 Q Sure.

2 A Let me read it again because I'm not clear
3 what I was saying at that time.

4 MS. JOHNSTON: While you're doing this,
5 Dr. Kareemi, if you do need to look a little before or
6 after to give context to yourself, that's okay; just
7 let Randy and Joe know.

8 BY MR. CECALA:

9 Q Can you still read it? I shrunk it a little
10 bit.

11 A Okay. But this was a hypothetical question
12 that in what case we suspect that a person, there is
13 some issue. Okay. Let me read the question one more
14 time. Can you go up and let me read the question?

15 So it says, "And if patients are spending too
16 much time in a social worker's room and if you notice
17 that, what are the procedures?" So it is a
18 hypothetical question, and I answered it that if we
19 feel that there is something going on, if it is, you
20 know, more feelings, we suspect that, this is what we
21 do.

22 So it's more of a hypothetical question.
23 That does not mean I said that Christy was spending
24 more time with Ben. I am not aware of that, so I

1 **don't -- it's a very hypothetical question.**

2 Q Well, actually, that's my question.

3 So he hadn't asked you whether Christy was
4 spending more time with Ben at that moment.

5 A **Correct.**

6 Q He is not asking a hypothetical. He is
7 asking you what are the procedures.

8 A **Right.**

9 Q So -- and then you provide your answer, and
10 as part of your answer you also say, ". . . You have
11 to treat everybody equally and the other person,
12 patients are complaining that you're spending more
13 time."

14 My question to you before was: What were you
15 referring to about patients complaining that a social
16 worker was spending more time?

17 A **Again, it's hypothetical that if patient**
18 **complains, sometimes they do that. "Oh, I would like**
19 **to go on this person's caseload because this person**
20 **spends more time with their patient, where this one**
21 **does not." So it really depends. And sometimes**
22 **patients complain that this social worker might have**
23 **been spending more time with this patient and not**
24 **paying attention to me. It's just very hypothetical.**

1 I'm just giving examples of what could have happened
2 and what can happen on a unit.

3 Q Were you aware that patients were complaining
4 that Christy was spending too much time with Ben?

5 A No.

6 Q So that's not what you were referring to
7 here?

8 A No. I'm just -- I'm saying it was a
9 hypothetical question, and I'm answering very
10 hypothetically.

11 Q And then going back to your answer, it
12 says -- it starts with the word "but." Can you read
13 that next paragraph down to line eight?

14 A "But if it's anything beyond that, you know,
15 then we need to talk to the supervisor, their
16 supervisor, if it's anything beyond that and then we
17 call OIG. I mean, we call Office of the Inspector
18 General even if there's the slightest bit of doubt
19 about anything."

20 Q So what were you referring to when you said
21 the slightest bit of doubt about anything?

22 A I am -- it's a hypothetical question. I am
23 referring to anything hypothetical. We call OIG if we
24 think we are in doubt. So, for example, if I am not

1 sure this is a reportable incident, you still call
2 sometimes supervisor and sometimes OIG, and if OIG
3 sometimes tells us this is not reportable, and they do
4 not take that report. So when in doubt, we call OIG or
5 we call the supervisor depending on the circumstances,
6 and this is hypothetical.

7 Q This is hypothetical related to a social
8 worker who is spending too much time with a patient,
9 correct?

10 A I was not aware if she was spending more
11 time.

12 Q That wasn't my question.

13 My question is: This was a hypothetical that
14 if a social worker was spending too much time with a
15 patient, and even if there's the slightest bit of doubt
16 about anything, you call OIG. That was your answer,
17 right?

18 A If I know that a social worker is spending
19 too much time with a patient and there is nothing going
20 on beyond that, call the supervisor first, you know, to
21 see what the supervisor will do about it, or talk to
22 the social worker and see that what is going on, talk
23 to the patient, see what's going on. OIG is something
24 that we call when we really suspect any kind of abuse

1 or neglect. So in that case, you know, it really
2 depends on the circumstances. And it's very hard to
3 answer these questions hypothetically because we are
4 not -- we do not have all of the facts. We do not know
5 what are the facts, what is going on. So I'm just
6 doing -- trying my best to answer this question.

7 Q So you said that if you know there isn't
8 anything going on beyond that, in the hypothetical, how
9 would you know whether something is going on beyond
10 appropriate or not to call OIG?

11 A Patient report. If a patient reports to me
12 or a contact reports to me that there is something
13 inappropriate happening, if a patient -- if a staff
14 comes and tells me that they saw something, so if you
15 find out there is something going on beyond that, then
16 I would just act within my capacity to protect that
17 patient. And it really depends on the circumstances.
18 Like I said, it's very hard to answer these questions
19 hypothetically because we do not have all of the facts
20 and all of the circumstances.

21 Q So but -- we're trying to understand the
22 process. So the process -- I'm asking the same State
23 Police question. So the process would be if a staff
24 person reported to you something that you felt was

1 inappropriate, that would be what you would report on,
2 correct, because a staff report came to you personally,
3 right?

4 A A staff came to me personally about another
5 staff?

6 Q Yes.

7 A Yes, then I would tell the staff member if it
8 came that this is what's going on, they should be the
9 one initiating the OIG report because they are the ones
10 that they witnessed it, and I would make sure that they
11 do it if they have seen anything.

12 Q So okay. So staff reports to staff can
13 initiate a report to OIG, correct?

14 A They can, but what I'm saying is that the
15 staff who has witnessed it should be the one that's
16 reporting it because they are the one who witnessed it.

17 Q What if the staff person that reported to you
18 didn't report it to OIG, then what would you do?

19 A Then I would report that staff member, too,
20 that if they have seen anything inappropriate and they
21 are telling me that they have seen it themselves and
22 it's not hearsay, then I would report it to the
23 supervisor and, if needed, to OIG depending on the
24 circumstances.

1 Q Right. And it says here, the next answer on
2 line nine, "Even if we know that the patient is
3 delusional and psychotic and this cannot be true, even
4 then we go ahead and I, myself, have reported many
5 times that I knew that this patient was complaining and
6 so and so abused me and we knew that this patient was
7 delusional. But we still go ahead and order it."

8 You're referring to you don't really know,
9 but it seems like the patient is delusional, but it's
10 still something that needs to be reported, right?

11 A **That's correct. Even if a patient is**
12 **delusional and we know that the patient is paranoid or**
13 **delusional, we still report if they come and tell us**
14 **anything that could be potentially abuse or neglect,**
15 **correct.**

16 Q Are you aware of whether any staff members
17 reported that Christy and Ben were too close to each
18 other or that Christy spent too much time with Ben?
19 Are you aware of any staff reports concerning that?

20 A **No one reported it to me.**

21 Q I didn't ask if they reported it to you.

22 I asked are you aware of whether staff made
23 reports like that about Christy spending too much time
24 with Ben.

1 **A I'm not aware.**

2 Q You never heard anything like that?

3 **A No.**

4 Q You never heard a rumor of that?

5 **A I don't recall.**

6 Q Well, you don't recall if you heard a rumor?

7 **A If it was something that is significant,**
8 **I would remember that. That I don't remember at this**
9 **time.**

10 Q So here it says -- the State Police are
11 asking you, you know, about the -- it's up to -- you
12 say, "It's up to the Office of the Inspector General
13 whether they take that report."

14 And then, since you have been here in 1998,
15 and you say uh-huh. And then he is going to go on, and
16 I'm going to ask you about this.

17 The question is, "Have you seen anybody or
18 witnessed anybody being walked out of the facility as
19 in the Christy Lenhardt situation?"

20 And your answer was, "I did not witness it.
21 I heard about it."

22 Correct?

23 **A Correct.**

24 Q So when did you first hear about it?

1 **A** I heard about this incident the same day. I
2 don't recall who told me, but I heard that Christy was
3 escorted off the unit by security.

4 **Q** So someone told you that Christy was escorted
5 out of the building, correct?

6 **A** Correct.

7 **Q** And then was that a big deal when that
8 happened?

9 **A** Yes, it is.

10 **Q** In fact, he asks you what did you feel about
11 it when you heard about it, and you answered: I felt
12 really bad, and I think the patients felt that, too, on
13 lines eight and nine, correct?

14 **A** Correct.

15 **Q** And you said, "We were really concerned, and
16 we were like what could anybody do that, you know, that
17 led to this thing with being escorted by the security,
18 you know."

19 **A** Correct.

20 **Q** Who was we that you were referring to?

21 **A** All of the treatment team members.

22 Like I said, it happened five years ago.

23 I do not recall specific conversation. It was the
24 treatment team. I am referring to our treatment team,

1 whoever we were talking to about it. I do not recall
2 who I did. Like I said, it might have been the social
3 worker, STA, nurses on the unit who were present at
4 that time.

5 Q Do you remember anyone in particular that you
6 spoke to?

7 A I remember Bob Hamlin.

8 Q Okay.

9 A Robert Hamlin.

10 Q So on the day that Christy was walked out,
11 you remember talking to Bob. What did Bob say?

12 A I do not recall the specific conversation.
13 Like I said, we were just wondering what happened,
14 what -- why is this happening. So I do not recall it.
15 It happened five years ago. I do not recall it.

16 Q Okay. It was very dramatic, though, right?

17 A Yes.

18 Q And then a little bit further down he is
19 asking "What is the word -- had the patients been
20 talking about it after the fact when she went --"

21 And then you said, "What I heard -- nobody
22 said anything to me but I heard from other people that
23 patients were really disturbed and they were saying
24 what happened, you know, why she was taken like this."

1 So what I'm wondering is you said nobody said
2 anything to you, but, obviously, you heard something,
3 so someone said something. Who were the people that
4 were talking about this in such a disturbing way?

5 **A So when I said nobody said anything to me and**
6 **to us, I'm referring to administration, because we were**
7 **not getting any clear answers from administration, so**
8 **that's what I'm referring to. And it was mainly the**
9 **patients on L Unit that I recall who were disturbed**
10 **that actually saw it. So I'm referring to the patients**
11 **on L Unit who actually saw her being escorted.**

12 Q So did you try to ask, what you're calling
13 administration, who -- did you try to ask anyone what
14 happened?

15 **A No, I did not.**

16 Q So on line 21 you say, "There was some staff
17 member also talking about that maybe, you know, they
18 could have just asked her to go out and then not in
19 front of the patient escorted out. . ."

20 Do you remember what staff member that was
21 that told you that?

22 **A No, I don't recall.**

23 Q So here it says -- because you were talking
24 about how disturbed the patients were earlier, and his

1 question is, "Are you aware of the patients talking
2 about the allegation at all or nobody said anything
3 like that?" And you said, "Nobody said anything to
4 me."

5 So what I'm wondering is how did you find out
6 that the patients were disturbed?

7 **A When I say nobody said anything to me, I was**
8 **referring to administration. Like I said in the**
9 **earlier question, that I heard it from different staff**
10 **members working between two different units that the**
11 **patients were upset.**

12 Q So that's my question. What staff told you
13 that?

14 **A I do not recall honestly. It happened five**
15 **years ago. I do not recall at all.**

16 Q Maybe I can ask this way. This was a very
17 dramatic event, correct?

18 **A Correct.**

19 Q And I don't like generalizations, but was
20 there anyone that you can recall that didn't know this
21 happened?

22 **A Who didn't know this happened?**

23 Q That you spoke to and they had no idea that
24 Christy was walked out. Anyone you spoke to that they

1 were -- that you said did you hear Christy was walked
2 out and they said, "I had no idea"?

3 **A I don't recall. I don't know what to tell**
4 **you, but I do not recall. It was five --**

5 Q Was it big enough news that, like, everybody
6 knew?

7 **A Yes, everybody -- I would say everybody was**
8 **talking about it.**

9 Q Okay. And he asks the same question. Sorry
10 about the computer screen slowness. On line five he
11 says, "Okay. And in regard to your fellow co-workers,
12 what is everybody saying about the situation?"

13 And I'm not exactly sure I know the time
14 frame here. So --

15 **A Which line are you referring to?**

16 Q I'm looking at lines five through seven, he
17 asks the question.

18 **A Okay.**

19 Q He says, "What is everybody saying about the
20 situation?" I think his question is: What is everyone
21 saying about the situation on November 8th, 2017?
22 Because if you want to, you can read your answer. I
23 don't want to interpret your answer for you, but could
24 you read that question and your answer?

1 My question is: Were you answering in regard
2 to what people were talking about in November, or were
3 you answering as to what people were talking about on
4 June 30th?

5 **A I don't remember what I was referring to.**
6 **Was it in November, or was it in --**

7 Q Well, your answer is, "I think the
8 allegation . . ."

9 So do you recall what you meant by the
10 allegation?

11 **A Allegation -- what I meant by allegation is**
12 **the allegation of sexual abuse.**

13 Q Right. So you say, "I think the
14 allegation -- I mean, for me it's really hard to
15 believe. You know, first of all, you know, anybody who
16 has -- we treat our patients, you know, with respect
17 and, you know, we -- this is what we have been taught
18 through our profession, you know, as doctors and social
19 workers and psychologists."

20 Your answer goes on further, but the
21 allegation of sexual abuse was hard for you to believe
22 about the allegation between Christy and Ben, right?

23 **A Yes.**

24 Q And then your answer goes on. "So for us,

1 it's really hard to believe that anybody could do
2 that."

3 When you say "us," had you talked to anyone
4 about what you believed about the allegation at that
5 time in November of 2017?

6 A In November of 2017, at that time, yes, all
7 the staff members were discussing and talking about it
8 when it was in the news so, yes, staff members were
9 talking about it and, yes, I did talk to staff members
10 about it at that time.

11 Q On the next page, which is page 19, the
12 police ask you on line 12, "But you believe something
13 like that can happen in a facility like this or any
14 setting like a mental facility, IDOC, anything like
15 that? Do you believe that something may have happened
16 like that that could have happened, not may have, could
17 have happened?" And your answer begins with, "I mean,
18 anything can happen." And you go on to say, "But what
19 I'm saying is that the way our units are set up, I
20 don't know if you have seen it or not, on all the
21 patients' rooms and offices, there are vision panels so
22 like glass on there."

23 Were you assuming that the sexual abuse had
24 to happen in an office or a patient's room?

1 A I am assuming that -- I don't understand.
2 I'm just saying that he asked me if it can happen, so
3 I'm just saying that, obviously, there is a dayroom, a
4 big dayroom, and there are offices. So if it had to
5 happen, it had to be in an office where it's, you
6 know -- it can be closed. So I'm not understanding
7 your question fully.

8 Q Well, he never asked you whether it happened
9 in an office, but you volunteered --

10 A Yes. Yes, because, obviously --

11 Q I know you're anxious to answer, but I have
12 to finish my questions so the court reporter --

13 A Okay.

14 Q It's just so the court reporter can take us
15 down.

16 A Okay. Thank you.

17 Q So my question was: He never asked you
18 whether it happened in a patient room or an office, but
19 you volunteered that it -- the information about
20 patients' rooms and offices.

21 Were you assuming that Christy and Ben were
22 engaged in sex in a patient room or an office?

23 A The way the units are set up, we have a
24 dayroom, we have a nursing station, and we have

1 offices. So if any such thing would happen, it would
2 have to be in an office. That's why I assume that.

3 Q So you did assume that it was in an office?

4 A I might have assumed it.

5 Q I'm sorry. I couldn't hear your answer.

6 A I might have assumed it. I do not remember.
7 Like I said, it happened five years ago. This -- this
8 transcript is also -- let me look at the date again.
9 It's November --

10 Q It's November the 8th, 2017.

11 A 2017. So what I -- I do not recall
12 everything that's in here because it was five years
13 ago.

14 Q Are you sure you don't have any other
15 information about Christy and Ben having -- having sex
16 in Christy's office as you sit here today?

17 A If you are referring to the time frame before
18 April 30th, 2017, no, I did not.

19 MS. JOHNSTON: Object -- or if I may interject.

20 MR. CECALA: I think she got the date wrong.

21 MS. JOHNSTON: I do, and I just wanted to really
22 clarify that, because I think --

23 MR. CECALA: It's okay. I got it.

24 MS. JOHNSTON: What is the -- yeah.

1 BY MR. CECALA:

2 Q Did you mean June 30th of --

3 A **June 30th, 2017.**

4 MS. JOHNSTON: Sorry. Thanks, Joe. I just,
5 obviously, would not want that type of mistake.

6 MR. CECALA: No, that's an accident, not an
7 untruth. We only want the truth.

8 MS. JOHNSTON: Exactly. Thank you.

9 THE WITNESS: Can we take a break right now?

10 MR. CECALA: We absolutely can. We're at
11 3:03 p.m.

12 Do you need more time, Mary, to check on our
13 case?

14 MS. JOHNSTON: Well, you know, I'm hoping that
15 it's all going well, but if we just want to say maybe
16 3:10, give everybody a minute to stretch their legs.

17 MR. CECALA: We'll come back on the record at
18 3:10.

19 THE WITNESS: Thank you so much.

20 (Short break.)

21 MR. CECALA: We are back on the record?

22 THE COURT REPORTER: Yes.

23 BY MR. CECALA:

24 Q Okay. Just on another -- on page 20, Doctor,

1 the end of the question on lines four and five, he is
2 asking you, "so I mean if somebody has done it, it must
3 be really hard today do," I guess meaning have sex in a
4 social worker's office at a -- at Elgin, right? Is
5 that what -- that's what he was asking you, right? Oh,
6 I'm sorry. That's your answer. You actually answer,
7 "if somebody has done it, it must be really hard to
8 do." That's what you were referring to, right?

9 **A Let me read the question.**

10 Q Sure.

11 **A Can I see the question? Can you read the**
12 **question, please?**

13 Q Fine. Let's go back a little earlier.

14 **A Okay.**

15 Q He asks you can something happen at a
16 facility like this.

17 **A Okay.**

18 Q Okay, that question. And you can read your
19 answer. It's lines 18 to 22.

20 **A Okay. Do you want me to read it?**

21 Q No, that's okay, because I have more
22 exhibits, and we're going to go a little faster now.

23 Okay. When you say "anything can happen -- I
24 don't know if you have seen it or not on all the

1 patients' rooms and offices, there are vision panels,
2 so, like, glass on there."

3 And so he refers to, "So it would be like
4 this door." And then your answer, "Yeah, just like
5 this door."

6 So do you recall the room you were in for the
7 State Police interview? Was it a social worker office,
8 or was it the attorney room?

9 **A No, no, that was not on the unit. It was**
10 **where we have security offices and clinic area. So it**
11 **was not on the unit.**

12 Q But was the door the same as a social
13 worker's door? Is that what you were referring to?

14 **A Yes.**

15 Q And the rest of your answer, it says, "So if
16 you or somebody is in the office, anyone who is
17 passing, there's a lot of traffic, you know, patients
18 are walking on the unit, staff is walking on the unit,
19 so I mean, if somebody has done it, it must be really
20 hard to do." That's what I was asking you about.

21 What you were referring to there is if
22 someone is going to have sex in a social worker's
23 office at Elgin, you're saying that's what you were
24 referring to that was hard to do, right?

1 A Yes. The question -- that was the
2 question -- can I get the question one more time,
3 please?

4 Q Sure. Sure.

5 A The question. Okay. Do you believe that
6 something -- okay. So the question is do you believe
7 something may have happened like that that could
8 have -- could you go a little bit up? Can I scroll it,
9 or only you can do it, right?

10 Q Only I can do it.

11 A Okay. "But do you believe something like
12 that can happen in a facility like this?"

13 So it looks like -- what is he referring to?
14 What was the question before that? Can I look at it?
15 What is he referring to when he says, "but you believe
16 something like that can happen . . . "

17 Okay. I don't know what he is referring to
18 when he says something like that can happen.

19 Q Well, right before that, the whole -- we have
20 this discussion about it's hard to believe that two
21 people would be having sex, right?

22 A Okay. I get it. Okay. Yes. Yes. That's
23 what I was referring to in that question, yes.

24 Q Okay. So we're on to page 20, which you say,

1 "If somebody has done it, it must be really hard to
2 do." That's what you're referring to, right, having
3 sex in a social worker's office, right?

4 **A Yes.**

5 Q And then you said, "It's not something that
6 can happen right very easily"?

7 **A Okay. Yes.**

8 Q Okay. Like I said, these aren't trick
9 questions. I'm just -- if it --

10 **A Yes.**

11 Q It's written on the page.

12 **A I understand. I understand. I'm trying to**
13 **read it and understand what I was referring to at that**
14 **time. I'm trying to understand that myself.**

15 Q Right. Okay. And then he goes on to ask you
16 about the door and "when the social worker meets with a
17 patient, are the doors open, closed? Is it locked.
18 Unlocked?" And then could you read your answer
19 starting at line twelve? And you can go all the way
20 down to line 17, I guess, to save time.

21 **A Okay. "Definitely they're instructed to**
22 **unlock, keep it unlocked because of the safety reasons.**
23 **I personally never see patients in my office. I always**
24 **see them either in the conference room or in the**

1 **nursing station."**

2 Q So you're talking about that when a patient
3 is in a social worker's office, they should never have
4 the door locked, correct?

5 A **Correct.**

6 Q And if they have the door locked, would you
7 consider that, like, a violation of a rule?

8 A **It's for their safety. I'm not aware if this**
9 **is a rule, but they are instructed to keep it unlocked**
10 **for their safety, the patient's safety, everybody's**
11 **safety.**

12 Q So you're not sure if that's a written rule
13 or not, but it's, perhaps, a rule of thumb at Elgin
14 that the door is always to be unlocked, correct?

15 A **That's correct. I'm not aware if it's a**
16 **written rule.**

17 Q I think you emphasize that later, where here
18 you say, "The door could be closed, but it has to be
19 unlocked," on page 21, lines three and four?

20 A **Yes. Yes, it has to be closed because of the**
21 **confidentiality. So we don't see patients -- social,**
22 **workers see patients in their offices, and they close**
23 **it because, obviously, if they are open, then there is**
24 **no confidentiality.**

1 Q Well, do you see patients in your office with
2 the door closed?

3 A No, I don't. I see -- like I said, I see
4 patients in the conference room or in nursing station.
5 The way my office is set up, it's just very small, and
6 I don't feel comfortable seeing patients in my office
7 because it's really very small.

8 Q So is your office much smaller than a social
9 worker's office?

10 A Yes.

11 Q And then you go on to say on lines nine
12 through twelve, "No, nothing can be covering the
13 window. All offices have vision panels and even the
14 social workers' doors have like even bigger like -- not
15 long. They're like spread."

16 He says, "Wider?"

17 And you say, "It's wider, bigger, yeah."

18 Are you referring to the window?

19 A Yes, the vision panel of the window in my
20 office is a long vision panel, and then the social
21 workers' offices are like square, much bigger vision
22 panel.

23 Q So it would be very hard to hide because of
24 the vision panel in the office because people walking

1 could easily see in, correct?

2 **A It would be hard, but it's possible because**
3 **there are blind spots on the side.**

4 Q So --

5 **A It's possible.**

6 Q It's possible.

7 But what I'm getting to is because you're --
8 you work at the facility, you've worked there for close
9 to 20 years, right?

10 **A Yes, 23 years, actually, yes.**

11 Q And walking past a social worker's office is
12 something you've done many, many times, right?

13 **A Correct.**

14 Q And as you walk past, you can see whether a
15 social worker is in the office with a patient or not?

16 **A Yes.**

17 Q And that would be true for just anyone with
18 normal vision, right?

19 **A Correct.**

20 Q So the social worker and the patient would
21 easily be seen because of the wide vision panel-styled
22 window on the door, correct?

23 **A Like I said, there are blind spots. In**
24 **certain cases, if somebody is maybe sitting at the**

1 corner, then it's possible that, you know, they have to
2 actually -- you know, actually see through the window
3 vision panel in order to clearly see the whole office.
4 So like I said, there are blind spots in the corner.

5 Q So if you walked up to the window to look, if
6 you were right up close to the window to look into the
7 office, would there still be a blind spot?

8 A No.

9 Q Now, on page -- we're all of the way down to
10 page 24 now. Can you read this easily, Doctor, at the
11 size that it is?

12 A The size is perfect. I can read it.

13 Q If I make it a little smaller, it seems to
14 make the scrolling faster. Can I shrink it a little
15 bit and see if I can make it even easier to move
16 faster?

17 A Okay. That's fine. This is fine.

18 Q Okay. Great.

19 Okay. So on page 24, the officer -- starting
20 on line eight, he has questions. "Okay. And then for
21 Ben Hurt, how is his demeanor like how you say -- is he
22 very flirtatious with staff or flirtatious with other
23 patients or how was his daily interaction with people?
24 Was it friendly? Is it aggressive? Is it -- how would

1 you say? Is he very talkative?"

2 And then your answer from line 15 to 19,
3 could you read that?

4 A **"When he came to my unit, he stayed on my**
5 **unit for just a few months. Not quite a long time.**
6 **And he was very stable. So I -- he didn't come across**
7 **as being flirtatious or hyper or anything like that."**

8 Q So when you were characterizing Ben at that
9 time as not being flirtatious, was there any other part
10 of Ben's behavior involving sexual appropriateness
11 other than being flirtatious that was notable to you?

12 A I'm just trying to recall. What do you
13 consider anything other than being flirtatious? Can
14 you just repeat your question, please?

15 Q Was he sexually inappropriate in any way?

16 A While he was on my unit?

17 Q Yes, or that you're aware of.

18 A While he was on my unit, I did not see him
19 like that, but when I was reviewing his record, I am
20 aware of an incident when he was -- I think it was in
21 2014 when he was not very stable. He exposed himself
22 to a nurse on Unit L. So when I was reviewing his
23 records, I came across that incident.

24 Q So were you recently reviewing his records,

1 or do you recall that from the last time you reviewed
2 his records in 2017?

3 **A Recently.**

4 Q Oh, so I should have, perhaps, asked this
5 earlier.

6 Did you do anything to prepare for today's
7 deposition by, like, reviewing Ben's chart?

8 **A I don't have his chart. I just have a copy**
9 **of the discharge summary when he was discharged, so**
10 **I had that, so I reviewed that, and I also had my**
11 **psychiatric evaluation. So that's all. I don't have**
12 **all his records.**

13 Q So were those records that you retained
14 personally, or did you get them from somewhere else?

15 **A Yes, they were on my computer file.**

16 Q So you actually have records on your computer
17 files about --

18 **A Yes, just a few things. Yes.**

19 Q Do you have anything else on your computer
20 files?

21 **A Some monthly -- monthly notes that I did at**
22 **that time when he was on my unit.**

23 Q Are your monthly notes part of the -- Ben's
24 chart?

1 **A Yes. Yes.**

2 Q I'm just asking because we sent a subpoena
3 for all of the records to the State, and they never
4 mentioned that you were holding any records on your
5 computer.

6 **A I am not -- these are not records that I'm**
7 **holding. They are a copy of those records that are in**
8 **the chart.**

9 Q So you don't have any records on your
10 computer that are not in Ben's --

11 **A No.**

12 Q You have to let me finish because the court
13 reporter can only take one of us down at a time.

14 You don't have any records now on your work
15 computer that are not already a part of Ben's chart; is
16 that correct?

17 **A Correct.**

18 Q And you reviewed those records before today's
19 deposition?

20 **A Yes.**

21 Q And just to be clear, by those records,
22 I mean the records that are on your computer.

23 **A Yes.**

24 **So when we do our monthly notes or**

1 psychiatric evaluation, they are on our computer files,
2 and then we print a copy, and we put it in the chart.
3 So whatever I have, it's already in his chart.

4 Q So going on to line 20, you're describing
5 Ben, saying he was just very stable, correct?

6 A Correct.

7 Q And then you said, "we had to encourage him
8 to attend his groups and we always thought that, oh,
9 he's coming so close to his discharge so he doesn't
10 care because people who are working on their
11 conditional release, you know, we have to request it to
12 the court. They are more and more willing to be
13 involved in their treatment and groups and everything
14 because they know if they don't do that, they will not
15 be discharged."

16 Correct?

17 A Correct.

18 Q So is this generally for all patients, or was
19 this just Ben?

20 A Most patients, if they -- they know that they
21 have long Thiem dates, they work on -- they are more
22 invested with the treatment.

23 I remember that Ben was missing some groups
24 sometimes, coming late to some groups, and we were

1 telling him that it's a part of him to complete the
2 program. He should be going to the groups. So it is
3 generally true, but it is true for Ben, also, that he
4 was doing it because his Thiem date was coming very
5 close.

6 Q Right. But on line seven you're saying it's
7 a little different for Ben, right? Could you read that
8 from line seven to line twelve?

9 A Seven? Okay. "But in his case, he knew that
10 unless he's a threat to himself or others, we cannot
11 certify him. In fact, the discharge plan that we
12 recommended for him like we wanted him to be in a
13 supervised structured environment after discharge which
14 we recommend for everybody."

15 Q So here you're saying, "he knew that unless
16 he's a threat to himself or others, we can't certify
17 him." What do you mean by certify him?

18 A If a patient comes to their Thiem date and at
19 that point we feel that they are still a danger to
20 themselves or others, then what we do is file a
21 petition and certificate for involuntary commitment to
22 the court.

23 Q So you didn't actually have any information
24 to prepare an involuntary petition on Ben leading up to

1 his Thiem date, correct?

2 A Yes.

3 Q You also said that he knew that unless he's a
4 threat to himself or others, we can't certify him. How
5 did you know that he knew that?

6 A We knew that he was stable and he was not --
7 the incident that happened when he was transferred
8 to -- from L to K, the other patient attacked him. He
9 was not doing anything that would lead to involuntary
10 commitment, which includes fighting with other patients
11 or being suicidal or anything, so we knew that.

12 Q How do you know he knew that?

13 A I don't recall if we had a discussion
14 regarding it, but I might have had a discussion with
15 him regarding that, that when he was not going to some
16 of these groups, and we might have talked about that if
17 we could keep him against his will in the facility or
18 what are the criteria. I usually talk to the patients
19 about what could lead to involuntary commitment and how
20 they can work with conditional release. So with most
21 patients we do talk about these things so that they
22 know what our expectations are, how they can be
23 invested in their treatment and how can they get
24 conditional release.

1 Q So he was conditionally released, you said,
2 on July 22nd, 2017, correct?

3 A **No. He --**

4 Q I'm sorry. He was -- he was discharged via
5 his Thiem date on July 22nd, correct?

6 A **Correct.**

7 Q Which is why you're saying this, because
8 unless you could present an involuntary commitment
9 petition, he knew he was getting released. Unless you
10 could prove he was a danger to himself or others, he
11 was getting out, right?

12 A **Correct.**

13 Q But on June 30th there was an investigation
14 being conducted where he was restricted from all phone
15 calls, and he had a restriction of rights, correct?

16 A **Correct.**

17 Q And you didn't know anything about what that
18 investigation was regarding, right?

19 A **No, I did not at that time.**

20 Q Could it have been that Ben was doing some
21 thing, some activity that was a danger to himself or
22 others?

23 A **If that was the case -- I'm sure prior to his**
24 **discharge that administration would let us know if that**

1 **was the case. So --**

2 Q Did you ever ask?

3 **A No, I did not.**

4 Q We'll come back to that.

5 MR. CECALA: Well, that didn't work, Mary.

6 I tried to change the page up above, but it won't let
7 me get in it.

8 MS. JOHNSTON: All right. No luck there. Sorry.
9 It was worth a shot.

10 MR. CECALA: Thank you for the suggestion, but
11 sorry to make everybody wait through the scrolling
12 again. Okay. Sorry for the length of time.

13 MS. JOHNSTON: Where are we headed, and I'll get
14 it on my end.

15 MR. CECALA: We are on page 30 -- actually, the
16 end of page 29. I kind of put a line for you to see.
17 BY MR. CECALA:

18 Q The question starts on line 17 of 29. The
19 police are saying, "I understand that coming now, it
20 could be that one of those things where, well, I never
21 saw anything, we never saw anything because as a
22 physician, as an M.D., let alone any employee at the
23 Department of Human Services, there's always that
24 mandated reporting. You mentioned OIG. Obviously, for

1 example, if you have a patient who is constantly or
2 consistently talking about, let's say, being assaulted
3 or raped, well, we call OIG. It could easily be that
4 it's unfounded" --

5 And your answer is on line four. Can you
6 read the answer from four through six?

7 **A Absolutely. Even one time, not constantly.**
8 **If a person even says it one time, we have to report it**
9 **within four hours."**

10 Q So you're aware that there is a legal
11 requirement that a suspicion of abuse needs to be
12 reported to OIG within four hours?

13 **A Yes.**

14 Q Now, going down, he asks you again on
15 line 18, "Were you ever made aware of any other
16 incidents where there may have been some sort of
17 incident involving her," meaning Christy, "and maybe a
18 patient or anything like that that was suspicious in
19 nature?"

20 And then he has got a lengthy discussion.
21 Officer Sandoval likes to talk. And his question is,
22 "But was there ever a time where you may have been made
23 aware of or you may have seen something that you just
24 thought was not so much suspicious but just, you know,

1 a concern to you or anything like that?" And that's
2 from line three through line ten.

3 And then your answer -- the court reporter
4 was having -- or the recording is broken. So you
5 answer on line eight, "Like I said," and you continue
6 your answer on line eleven.

7 So could you read what was happening on line
8 eleven to line sixteen?

9 A "She was not on my unit so I mean I had very
10 limited interaction with her, especially just in the
11 morning, during the morning time. And other than that,
12 I would just see her passing by. Other than that,
13 I had no interaction with her and so . . ."

14 Q So there's this limited interaction with you
15 and Christy, which is she's on a different unit. You
16 see her in the mornings. There's the occasional
17 coverage of patients when Dr. Javed is out, but you're
18 not really, you know, daily interacting
19 psychiatrist/social worker with any patients
20 whatsoever, right?

21 A Correct. I know that there was one time
22 when, you know, because of the coverage issue, the
23 social workers from one unit were covering both units,
24 so there might have been some time when Christy was

1 carrying some patients on K. I don't recall exactly
2 how long, so, yeah, that's correct.

3 Q Okay. And then he is asking -- because
4 there's -- through your interaction with her, there's
5 no suspicion, but then he asks you here at the end of
6 page 31 and starting on page 32 about your
7 suspicions -- well, line 24 of 31, "ever been a time
8 where you were informed of, even through rumors, of
9 anything else that involved Christy?" You answer,
10 "Even through rumors?" His question is, "Yeah, rumors.
11 Aside from this, were there other rumors that you may
12 have been exposed to pertaining to Christy at any point
13 in time?" Correct?"

14 Could you read your answer, lines eight
15 through eleven?

16 A "Well, I heard rumors that there was a
17 patient, [REDACTED] [REDACTED] who escaped from here, so
18 there were just rumors that she may be involved in
19 that, too. I don't know."

20 And this was also at that time when everybody
21 was talking about Christy after the incident on
22 June 30th, 2017, and when we saw the news, and this was
23 also in the news, his name, [REDACTED] [REDACTED] name.

24 Q So you say, "Well, I heard rumors."

1 Who did you hear those rumors from?

2 A I do not recall any specific conversations.
3 Like I said earlier, most people, most staff were
4 talking about all of this. I do not remember who
5 I heard it from. I do remember seeing his name in the
6 newspaper.

7 Q So this interview was done on November 8th of
8 2017 and had -- we filed the complaint on November 4th.
9 So sometime between the filing of the complaint on
10 November 4th and this interview, you're saying that the
11 first you heard about [REDACTED] [REDACTED] was reading it in
12 the newspaper during those four days?

13 A I do not recall exactly. Just reading in the
14 newspaper or I heard it from somebody, but I do recall
15 knowing that and hearing that, hearing his name.

16 Q Well, you did say you heard rumors, which is
17 different than reading it in the paper, correct?

18 A Yes, but then staff talked about the news,
19 you know, and they say, oh, they read this news, or
20 when they talk about it or if you have not read that
21 news yourself, it would still be a rumor, so I'm not
22 sure what I was referring to at that time.

23 Q Well, you're saying staff, though. When you
24 say staff, was it an STA? A social worker? Another

1 psychiatrist? Who did you hear rumors from?

2 A I do not recall my conversation. I do not
3 recall who it was because it was five years ago, like
4 I said. It's very hard to remember any specific
5 conversation I had with each staff. I don't recall.

6 Q Did you ever talk to Rebecca Nikolov about
7 Christy and [REDACTED] [REDACTED]

8 A I don't recall.

9 Q What was the rumor that you heard about
10 Christy and [REDACTED] [REDACTED]

11 A That she might have been involved with him.
12 This is what I heard.

13 Q Involved in what way?

14 A Sexually involved, I heard.

15 Q Did you ever hear that Christy had
16 communication with [REDACTED] [REDACTED] after his elopement?

17 A I don't recall hearing that.

18 I did -- I do recall hearing that she might
19 have been involved in helping him escape the facility.

20 Q Any -- so you heard that she was involved
21 with him sexually; that she may have helped him escape,
22 but you're saying you never heard anyone allege that
23 she continued to communicate with [REDACTED] after he had
24 escaped from Elgin?

1 **A I don't recall that, hearing that.**

2 Q Did you ever have a conversation with
3 Dr. Javed about Christy and [REDACTED] [REDACTED]

4 **A When we were discussing all of these rumors,**
5 **yes, we did talk about all this news, what was**
6 **happening, these allegations, so, yes, I did.**

7 Q So let me ask you this. Are you -- what's
8 your relationship like with Dr. Javed?

9 **A With Dr. Javed, it's professional as well as**
10 **social.**

11 Q So how long have you known her?

12 **A I have known her since my residency.**

13 Q And that's more than 23 years ago?

14 **A Yes. Yes.**

15 Q And you worked together with her for -- at
16 Elgin the whole time?

17 **A Yes. She was -- first she was on the civil**
18 **side, and I was on the forensic side when she started**
19 **working here, but I think after a few years of being on**
20 **that side, then she moved onto the forensic side.**

21 Q And she's -- would you consider her a good
22 friend?

23 **A She's a friend, yes.**

24 Q Well, do you socialize with her?

1 **A Yes. We attend different social gatherings**
2 **together, yes.**

3 Q So outside of work with your families?

4 **A Yes.**

5 Q And how long have you been good friends with
6 Dr. Javed?

7 **A Since residency. I started residency in**
8 **199 -- 1993, so since 1993 I will say.**

9 Q So 29 years?

10 **A Yes.**

11 Q So when you talked to Dr. Javed about this
12 situation between Christy and [REDACTED] what did you talk
13 about?

14 **A About the newspaper reports, about what the**
15 **staff were talking about, him being -- her being**
16 **involved -- Christy being involved in the escape of**
17 **[REDACTED] [REDACTED] We talked about all this stuff when**
18 **after it was in the news and after everybody was**
19 **talking about it.**

20 Q So you never spoke to her before the news
21 story about Christy and [REDACTED] [REDACTED] not ever?

22 **A I don't recall talking to her about [REDACTED]**

23 Q So going down to the bottom of page 34, the
24 question -- now, the police are talking to you

1 specifically about the allegation, just -- I don't know
2 if we just want to agree that the allegation means
3 Christy and Ben having sex, and he begins on line 21 of
4 page 34, "So let me -- let me -- now that you said
5 that, taking now -- I want to, if you will, take this
6 allegation," Christy and Ben having sex, "and let's put
7 that on the table, right?" And he asks you, "Now, now
8 that we look at what's on the table, and thinking back,
9 right, hindsight is 20-20 as they say, looking back
10 now, is there anything that comes to mind on a
11 professional, personal level that again looking at it,
12 not insinuating and/or suggesting that the allegation
13 is true, but is there anything that may have -- because
14 I know you mentioned Ben, well, Ben never really talked
15 about anything and his behavior with, let's say, female
16 staff, it was never inappropriate in any way, shape or
17 form."

18 So your answer begins on line 13. Could you
19 read your line 13 to line 16?

20 **A "Not that I remember. And again like if this**
21 **was happening to him, he didn't seem any -- in any**
22 **distress, either. You know, he was fine and stable.**
23 **He never reported anything, never."**

24 **Q Is the primary way that you would gather**

1 information from abuse the admissions of the patient?

2 A It could be reported by the patient. It
3 could be reported by staff. Sometimes we look at what
4 is -- how a patient is interacting, if they are
5 depressed. We ask them what is going on. Whenever we
6 see a patient is down or depressed, we always try to
7 ask them if there is any issue going on, what's
8 bothering them, what is the cause of that they are
9 feeling that. And Ben was seeing me at least twice a
10 month. He was seeing his social worker. He was seeing
11 activity therapists, nurses, so I am not aware that he
12 reported anything to anybody.

13 Q Right. My question was: Is the primary way
14 that you would find out about abuse from the patient
15 reporting it to you? Is that the primary way?

16 A That could be primary way, but there are
17 other ways, too. Like I mentioned earlier, that
18 interaction with the other -- a staff member can report
19 it, sometimes when they are seeing them feeling down or
20 depressed, we ask them what's bothering them, but like
21 you said, most of the time it's patient who usually
22 report it, if there is any history of abuse,
23 themselves.

24 Q So you were speaking to the State Police here

1 in November of 2017 after the news, after the State
2 Police investigation, after the investigation searching
3 Ben's room, and he's kind of asking you, looking back,
4 hindsight is 20-20 is his exact words.

5 So in hindsight, you're saying even as you
6 sit here today in 2022 -- I'm asking the same question.
7 In hindsight, is there any other information that would
8 lead you to believe that Ben was in distress that you
9 didn't see?

10 A I did not see him in distress. He was
11 interacting well with other patients. None of the
12 staff members came and reported to me that anything --
13 any abuse was happening. Ben himself never reported
14 anything to me. So if I look back, I really don't know
15 of anything I could have done differently to prevent it
16 because I was not made aware about that, any staff
17 member, I did not see him in distress, I did not see
18 him feeling depressed.

19 Q So on page 38, line two, the police ask, "How
20 about just questions, has anyone asked about Christy
21 and where she's at in terms of patients?"

22 Could you read your answer from line five to
23 seven?

24 A "No one asked me, none of my patients. I'm

1 **sure they talk about it amongst themselves but nobody**
2 **particularly asked me anything."**

3 Q How are you sure they were talking about it
4 amongst themselves?

5 A I wrote, I am sure patients talk amongst
6 themselves. I was just hypothetically saying that.
7 I'm sure they talk about it amongst themselves.

8 Q So you don't know if they were actually
9 talking about it; it was speculation?

10 A Yes, and it is based on the fact that if
11 something is in the news. We have TV and internet.
12 Patients watch the TV. So this speculation is based on
13 the fact that patients were listening to the news, they
14 get newspapers, so it is based on these facts.

15 Q So what would you do -- what do you have to
16 do if a patient reports abuse to you?

17 A First of all, I would call OIG. You also
18 have to call security. I would make the treatment team
19 members aware of that so they know and definitely
20 reporting it to the supervisor of the person who is
21 involved, staff member who is involved.

22 Q What happens to the patient?

23 A The patient is provided support, if they need
24 any kind of psychotherapy to deal with the stress. If

1 it's a very, very recent incident, the primary care
2 physician will evaluate them to see physically, and
3 sometimes, if needed, they are sent to the ER to get
4 physically examined.

5 Q We'll come back to that, too.

6 On line 16 of page 38 the police asked you,
7 "Are you aware of her," Christy, "trying to communicate
8 with anyone here since she was walked out of the
9 building."

10 Can you read your answer from line 19 to 24?

11 A "I don't know. When we were -- before all
12 this happened, sometimes when somebody was not coming
13 in or calling in sick, then there was like a group text
14 that they would send everybody like on the whole unit
15 saying I'm not coming in, I'm sick, can you cover my
16 group."

17 Q So then it continues on to page 39. Could
18 you read the next four lines?

19 A "So she was in that group text that everybody
20 was sending. I don't even have her number, and I never
21 contacted her. She never contacted me since."

22 After saying that, I would just like to
23 mention that once I went to Panera Bread, and she works
24 there, and I saw her there. It was at least a year

1 ago, so I saw her there, but she didn't talk to me
2 about anything. She just gave me what I wanted, and
3 I walked out.

4 Q But here you said on line two, "I don't even
5 have her number, and I never contacted her," right?

6 A Yes, I have not -- since this incident
7 happened, I never contacted her.

8 Q And you repeated on line seven and eight,
9 "I had no communication. I don't even have her
10 number," right?

11 A Yes, I don't have her number at this time,
12 no. I had her number when we were communicating with
13 each other, but then I deleted it.

14 Q Aah. So when the group text was going on,
15 you had her number?

16 A Yes. Yes. Her number was in the group --
17 group text when it was going on, yes.

18 Q So on page 41 now, the police ask the
19 question, "It didn't seem like he," Ben, "had any type
20 of anxiety as it relates to any type of abuse." And
21 then he asks a hypothetical, "And again hypothetically
22 and not insinuating and/or not suggesting" -- I want to
23 get to the question because the officer has a lot. He
24 says, "Do you think it could be that both of them knew

1 what they were doing and they were both aware of what
2 was going on?"

3 Could you read your answer starting on line
4 18, and you can go to the next page?

5 **A Okay. Can I read the question again? I'm**
6 **just trying to --**

7 Q Sure. I just read the bottom of the question
8 where he says, you know, "Do you think it could be that
9 both of them knew what they were doing and they were
10 both aware of what was going on?"

11 **A And he is referring to Christy and Ben?**

12 Q Yes.

13 **A Okay. My answer is, "I don't know. I can't**
14 **answer that question but the thing is that he was a**
15 **patient. And again being a professional, if you are**
16 **having that kind of relationship with a patient, you**
17 **are the one at fault because obviously in our**
18 **profession once a patient always a patient. A**
19 **psychiatrist, psychologist, social worker cannot have**
20 **any inappropriate relationships with a patient."**

21 Do you want me to go on?

22 Q Yeah, just the next three lines.

23 **A Okay. "So obviously if it happened, it is**
24 **more so on the social worker's part, not on the patient**

1 **part."**

2 Q So it's actually not possible for a staff
3 person and a patient to have consensual sex, right?

4 A **It's possible, but it's not allowed. It's**
5 **not appropriate. It's not ethical. It's illegal.**
6 **It's not . . .**

7 Q So can a patient that has been determined to
8 be mentally ill, confined to a state psychiatric
9 facility, can they give actual consent to having sex
10 with another person?

11 A **No.**

12 Q So what I said was, it's not possible for a
13 patient and a staff person to have consensual sex.
14 Right?

15 A **Correct.**

16 Q At the bottom of page 42 there's a lot of the
17 police testimony that I -- or testimony -- I'm calling
18 it testimony. There's a lot of information that he
19 says, but there's an answer starting on line two. He
20 is talking about reporting and calling the police,
21 calling 911, and he starts at the bottom of 42, he
22 says, "Are there always channels and people available
23 here for that," meaning to report or call. So the
24 beginning of that is, "Or you call the police or you

1 call someone to help you."

2 So is there someone to report what's
3 happening when he says here at Elgin? Do you want to
4 read the whole question?

5 **A Yeah. Yes, I'm not understanding what he is**
6 **referring to. Thank you.**

7 Q Sure. Okay. I know I'm trying to save time.
8 He says -- the end of your answer, that, you know,
9 you're saying that, you know, obviously, if it
10 happened, it's more so on the social worker's part, not
11 on the patient's part. That's those lines you just
12 read?

13 **A Right.**

14 Q And then you suggest, "Ben could have easily
15 been -- to me he did not strike as a person who would
16 be scared or not tell anybody. He knew how to stand up
17 for his rights, so if that was happening to him, he
18 could have easily reported to any one of us, you know,
19 and we would have called the OIG, but he did not."

20 And the question is, "So again there --
21 I would take it that there's always channels of
22 communication?" And your answer is "Absolutely." And
23 then he goes into if you're at home and somebody is
24 trying to break into your house, you call 911."

1 Your answer is "Right."

2 "Since you're young, there's always that
3 notion you call 911?"

4 You said, "Exactly."

5 "Or you call the police or you call someone
6 to help you."

7 Then he asks are there always channels and
8 people available here at Elgin for that?

9 Could you read your answer from line two to
10 line seven?

11 **A "Absolutely. Absolutely. And like I said,**
12 **Ben did not to me strike like as a person who doesn't**
13 **know how to stand up for himself or doesn't know his**
14 **rights or would get scared. He could have easily said**
15 **something to any one of us, and we would have to call**
16 **OIG."**

17 Q So we just talked about the fact that it's
18 not possible for a patient and a staff person to have
19 consensual sex, and you just said that he could have
20 easily reported it, right?

21 **A Correct.**

22 Q Do you know if Ben understood the balance of
23 fault for having sex between himself and a social
24 worker?

1 A I never had that conversation with him, but
2 knowing that he was an intelligent person and quite
3 assertive, too, where he came across as someone who
4 would know his rights, I'm assuming that he would know,
5 but I never had that specific conversation with him.

6 Q Do you know if he thought he would get in
7 trouble if he reported that he was having sex with
8 Christy?

9 A No, I'm not aware of that.

10 THE WITNESS: Can I take a short break, please?

11 MR. CECALA: We can.

12 THE WITNESS: Okay. Thank you.

13 MR. CECALA: We're off the record at 4:02. We'll
14 come back at 4:07.

15 THE WITNESS: Thank you so much.

16 (Short break.)

17 MR. CECALA: Are we back on the record, Lisa?

18 THE COURT REPORTER: Yes.

19 MR. CECALA: Let me get back to my flow. Sorry,
20 guys. We should do that after we're done with the dep.
21 BY MR. CECALA:

22 Q At the bottom of page 45, starting on
23 line 19, the officer is asking you a question. He
24 says, "So any type of touching that would be, let's

1 say, with a sexual undertone would be considered to be
2 inappropriate?" I'm sorry at the bottom of 44.

3 And your answer is "Absolutely."

4 And the question is: And that would raise a
5 red flag?

6 And you answer on the top of 45,
7 "Absolutely."

8 And then he asks you, "By the way, hey, we
9 see that so and so is maybe getting a little too close
10 to the patients" on -- midway through 45, correct?

11 **A Yes.**

12 **Q** And you answer yes.

13 And he is creating hypotheticals about a
14 staff member being too close, you know, if it's an
15 80-year-old patient and they need help, it may not be
16 inappropriate.

17 Then at the bottom of page 45 he asks you,
18 "Are you aware of the incident when Christy Lenhardt
19 and Ben Hurt got locked in his office?" You answer,
20 "Yeah, I heard about it, yes." That's at the top of
21 page 46.

22 Who did you hear about that incident from?

23 **A I remember that when this incident**
24 **happened -- I leave at 3 o'clock, and this happened**

1 after that, so the next morning when I came, I remember
2 I heard it from Bob Hamlin.

3 Q And what did he say?

4 A He told me that we all knew that that door
5 lock was faulty, and he reported it to security to get
6 it fixed. And he told me that the door -- there was
7 some issue; that the door got locked, and Christy and
8 Ben were in the office, and then security had to come
9 and open the door. That's what he told me.

10 Q And that's all he said?

11 A Yes.

12 Q Did you speak about it with anyone else?

13 A I'm trying to remember. I must have spoken
14 to other treatment team members. I don't actually
15 recall exactly the specific -- any specific
16 conversation I had with anybody else.

17 Q So later in your answer on line 20 -- well,
18 19, you say, "I did hear that, you know, Christy was
19 locked in that office, and we didn't think much of it
20 other than that lock was not working, you know,
21 properly and it happened. So at that point we didn't
22 think much of it."

23 Who is we?

24 A When I say we, I'm actually referring to the

1 treatment team, you know? If we feel there is anything
2 significant, we try to see what interventions are
3 required.

4 The next morning Ben didn't say anything to
5 me about that incident. I don't recall him coming to
6 me or anything like that. So we -- when I say we, it
7 refers to the treatment team.

8 Q So who is the treatment team?

9 A The treatment team is psychiatrists, social
10 workers, nurses, activity therapists, security therapy
11 aides.

12 Q I don't mean generally who is the treatment
13 team.

14 Who was the treatment team that didn't think
15 anything of this incident?

16 A You want specific names?

17 Q Yes.

18 A Okay. So the social worker was Bob Hamlin.
19 I know Drew Beck was on the unit. Nurse manager was,
20 I think, Colleen Delaney at that time. I don't recall
21 who were the nurses and STAs.

22 Q So the treatment team didn't think anything
23 of it, is that what you're -- is that who you meant?

24 A Yes.

1 Q What did the treatment team say to you, each
2 of those people, that made you believe that they didn't
3 think anything of it?

4 A They did not tell me that anything happened.
5 They did not tell me that Ben was stressed or Ben
6 reported anything. We assumed that since the lock was
7 already faulty, it happened. And we knew that Christy
8 was coming to Bob's office to get snacks for another
9 patient on her unit who was transferred from K to L, so
10 that's what I assumed, that she came to get those
11 snacks. And Ben, since he was her former patient,
12 sometimes patients do go and talk with their former
13 social workers for different reasons. Sometimes social
14 workers are covering for each other, so it's not very
15 unusual for two sister units to take care of each
16 other's patients.

17 So what I meant by that is that we did not
18 think that there was anything that happened was
19 totally, totally unusual other than the door being
20 faulty and it being locked. We were -- obviously would
21 have been more concerned about staff or patient safety
22 if Ben was a violent patient, but Ben was not at that
23 time because he was compliant with his treatment. So
24 this is what I mean by that.

1 Q So did you have -- you had all of those
2 conversations with Bob Hamlin, Drew Beck and Colleen
3 Delaney?

4 A I do not recall specific conversation.
5 I remember the people who were working on that -- on
6 our unit at that time, and I'm assuming that it was
7 these treatment team members. It may have been other
8 nurses that were working or STAs. I do not recall the
9 specific conversation.

10 Q Well, you answered we.

11 A Yes.

12 Q We didn't think much of it, and then you said
13 the treatment team, and then the treatment team
14 consisted of Bob Hamlin, Drew Beck and Colleen Delaney
15 and possibly STAs?

16 A Yes.

17 Q And then you've given me a very long
18 explanation, which we've gone over very detailed, about
19 the justification for them to be locked because the
20 lock was malfunctioning.

21 I'm just wondering how you understood that
22 we, the treatment team, didn't think much of it. What
23 was said to you by those other people?

24 A I'm trying to remember. Nothing -- what

1 I would say is that nothing of significance was said to
2 me. So anything of significance could be Ben reported
3 this to me that something happened or Ben is distressed
4 or -- so nothing of significance was reported to me.
5 I would just say that.

6 MR. CECALA: Hold on.

7 (Whereupon, a discussion was held
8 off the record.)

9 MR. CECALA: We're back.

10 MR. KRETCHMAR: Dr. Kareemi, I noticed when Joe
11 asked you how you found out about the incident of
12 Christy and Ben being locked in Bob Hamlin's office,
13 your response was -- your answer was that Bob Hamlin
14 told you about it the next day. And he asked, well,
15 what did he say, and you gave a sequence of what he
16 said. First of all, he said the lock was
17 malfunctioning, secondly he said we all knew the lock
18 was malfunctioning, and only thirdly did he mention
19 Christy and Ben got locked in.

20 Does that make sense to you, that that would
21 be the order of importance of those three items?

22 THE WITNESS: I don't remember the sequence. I
23 knew the lock was faulty because I had tried to go into
24 his office, and it was -- I was having trouble, so

1 I already knew that there was issues with the lock.
2 That might not have been the sequence of how he
3 reported it to me, but like I said earlier, this
4 happened such a long time ago, that's five years ago,
5 that I do not recall each and every incident or how it
6 was said to me.

7 MR. KRETCHMAR: I understand. Is it actually
8 possible that you don't even remember whether or not he
9 was the one that reported it to you?

10 THE WITNESS: If Ben reported it to me, I would
11 definitely remember that.

12 MR. KRETCHMAR: No, what I'm saying is, is it
13 possible that it's -- you don't even know really
14 whether Bob Hamlin reported it to you?

15 THE WITNESS: I recall that Bob reported it to me.
16 I recall that part.

17 MR. KRETCHMAR: Okay.

18 BY MR. CECALA:

19 Q So on page 47, line six, the officer asks,
20 "So just to get a snack for a patient on L side, is
21 there a reason why Ben should have been in that office
22 with her?" Your answer is, "Thinking of now, now that
23 we know so much, why Ben, why was he in that office you
24 know, now if you think back and knowing all that, yes,

1 you can think it."

2 What were you thinking when you said you can
3 think it?

4 **A I was referring to the allegations that we**
5 **had that were -- the allegation against Christy.**
6 **That's what I was referring to.**

7 Q Well, what about the allegation?

8 **A That she was involved in having sexual**
9 **activity with a patient named Ben Hurt.**

10 Q In Bob Hamlin's office?

11 **A It could have been possible. I don't know**
12 **where it happened, but what I'm saying is when I knew**
13 **that she had these allegations against her, then it**
14 **is -- it could be, if you think about it, that she was**
15 **in that office with him. It's possible.**

16 Q And then you go on to say, "But at that
17 point, we never thought about it because Ben was a
18 patient who was working with her on that, on that unit,
19 on L Unit, and he was transferred there. And I mean,
20 patient can come and -- come in the office and say
21 something to any social worker. So we didn't think
22 much of it at that time."

23 That was your answer, right?

24 **A Right.**

1 Q So -- but Ben wasn't working with Christy at
2 that time, was he?

3 A Yes, but he was a former patient, and
4 sometimes social workers cover for each other.
5 Sometimes it's not unusual for social workers to go and
6 talk to their former patient or say hi or if they have
7 any issue, take care of that if their own social worker
8 is not there. So it's not uncommon.

9 Q But that's not the reason anyone gave for
10 Christy and Ben being alone in the office. The reason
11 that everyone gave, including you and this testimony,
12 was that Christy was there to get a snack for another
13 patient, right?

14 A Yes, and it's possible that Ben had some
15 issue or Ben wanted to say hi to Christy and he went
16 into the office.

17 Q And you didn't find that suspicious at all?

18 A No, I did not.

19 Q Jumping down to page 52, so at the very top
20 of 52 the officer asks you, "Have you heard any rumors
21 of her," meaning Christy, "in a relationship at all
22 with [REDACTED] Your answer starts at line three to
23 seven. Can you read that answer?

24 A "What I know about [REDACTED] is that he was --

1 he -- when I heard about [REDACTED] is that he -- because
2 he was also transferred from L to K because he was
3 having some romantic feelings towards her."

4 Q And the question is "Towards Christy?" And
5 you answer, "Towards Christy, and that was the reason
6 he was moved from L to K." Correct?

7 A Correct.

8 Q Do you remember when that occurred?

9 A Yes, I remember.

10 Q When was it?

11 A I think it was sometime in 2010 sometime. I
12 don't remember the exact date, but it was sometime in
13 2010.

14 Q How did you know that [REDACTED] had feeling
15 toward Christy?

16 A Because he reported it to Dr. Javed, and
17 I think he reported it to me, too, that he had some
18 romantic feelings towards Christy.

19 Q Did you ever consider that Christy had
20 romantic feelings toward [REDACTED]

21 A No, I had no reason to believe that.

22 Q Well, does [REDACTED] having romantic feelings
23 toward Christy provide any reason to suspect that
24 Christy may have reciprocated?

1 A No. It is not that unusual for patients to
2 have romantic feelings towards providers.

3 Q How often does that happen?

4 A It doesn't happen that often, but it's not
5 totally unusual. I have had incidents where there were
6 times when patients had romantic feelings for their
7 provider, but that does not mean that the provider also
8 has romantic feelings towards a patient. I had -- go
9 ahead.

10 Q Did you ever ask [REDACTED] whether Christy
11 reciprocated his romantic feelings?

12 A I don't recall that.

13 Q And you said he informed somebody, Dr. Javed.
14 Are you sure it was Dr. Javed that he reported it to?

15 A It may have been another treatment team
16 member, but eventually that was reported to Dr. Javed.

17 Q Do you, sitting here today, knowing that
18 Christy admitted to having sex with Ben Hurt, that her
19 relationship with [REDACTED] as you sit here today, is
20 now more suspicious to you than it may have been at the
21 time?

22 A Yes, it is.

23 Q Now, on page 54 -- I'll go with the question.
24 I'm trying to save as much time as I can, Doctor.

1 There's a question on 53. He says, "Simple touching
2 with some sexual innuendo, even if the patient now vice
3 versa looking at the other way, if the patient is
4 saying -- if a patient comes to you and says, Doctor,
5 I think you're looking great today and I really, really
6 find you attractive, would that lead to something?"

7 You answer, "Yes, I would report it and that
8 patient will be moved. I will not continue to work
9 with that patient because then obviously the
10 relationship cannot be, you know, professional proof.
11 It cannot be professional and what is the patient
12 gaining from working with me, you know, if this is how
13 he's feeling."

14 And this last part I'm going to ask you to
15 read from line five to line nine.

16 **A "It's not appropriate so and that what the**
17 **protocol is, that, you know, if patients say anything**
18 **inappropriate or anything that could be potentially**
19 **dangerous, then they are moved."**

20 Q Sorry. One second.

21 Sorry. Minor -- minor emergency. I'm
22 getting notes passed to me.

23 So the protocol that you're talking about,
24 patients say anything inappropriate or anything that

1 could be potentially dangerous, they are moved, so is
2 that in addition to the reporting that must take place?

3 **A What reporting?**

4 Q Well, you're saying that if a patient reports
5 something in this nature -- well, I guess that maybe
6 I'll ask a different question.

7 If the patient reports these feelings, is
8 that a reportable event?

9 **A Reportable to who?**

10 Q To OIG, or even you suggested earlier in your
11 testimony that there's internal reports that are
12 generated before -- you know, like if there's -- going
13 to a supervisor because the social worker is too close.
14 Is there any report that's generated because a patient
15 is too close to the social worker and has to be moved?

16 A No OIG because this is a patient's feelings,
17 not the staff's. So if we are moving a patient from
18 one unit to another unit, obviously administration has
19 to be involved. So it really depends on what is going
20 on. Sometimes patients are at a level in their
21 treatment where they are able to process this feeling
22 and move on and not act on it. So it really depends.

23 And in [REDACTED] case, I will just say at
24 that time, him reporting it to us and then cooperating

1 with the move, that also tells us that he is where he
2 is at in his treatment, that he is able to see that,
3 not act on it and then cooperate with the move. So it
4 really depends on the situation. Every situation is
5 different and depending on which level a patient is at.

6 Q Are you aware that Christy admitted to having
7 sexual contact with [REDACTED]

8 A I'm not aware until now. I was just telling
9 you this is the first time I'm mentioning it.

10 Q So the first time you're finding out Christy
11 is engaged in inappropriate sexual contact with [REDACTED]
12 is right now?

13 A I do not know about since. What I heard was
14 maybe there was some touching or -- from different
15 staff later on, but I am not aware he was involved in
16 having sexual activity with her.

17 Q Well, you said touching. What type of
18 touching are you referring to?

19 A I don't know. The staff reported he might
20 have been involved in some type of touching or just
21 hypothetical situations, but nobody came and told me,
22 and I never read it anywhere that there was actually
23 some sexual activity going on between the two.

24 Q Well, if no one told you, how did you find

1 out there was touching?

2 **A** The staff discussed these things. When they
3 discussed it, they were after the fact when that
4 incident was reported, that even [REDACTED] name was
5 coming up, we talked about what could have happened,
6 but nobody just said that there was any sexual activity
7 going on. It might have happened, it might not have
8 happened. I'm just talking about all hypothetical,
9 nothing concrete, nothing reported in a newspaper or
10 nothing reported by anybody credible and talking about
11 this is what I heard from different people.

12 **Q** Well, how -- so you just mentioned credible.
13 Christy admitted that this happened. [REDACTED] I
14 believe -- I don't want to misstate the other evidence
15 in the case, but Christy has a founded OIG report on
16 her regarding sexual contact with [REDACTED] and there's
17 an audio recording of Christy admitting that she had
18 sexual contact with [REDACTED] and we now know that he
19 was fondling her breasts and she was rubbing his penis.

20 That's touching, isn't it?

21 **A** **Yes.**

22 **Q** Is that sexual touching?

23 **A** **Yes.**

24 **Q** And now that it has been a founded OIG

1 report, is it credible?

2 **A Yes.**

3 Q What would make you conclude before this that
4 it wasn't credible?

5 **A Can you read phrase the question?**

6 Q Sure. You said that you heard rumors, you
7 weren't able to identify who told you the rumors, but
8 you somehow found out. You have alleged that you only
9 found out after the news reports and not before that,
10 and you decided the information wasn't credible.

11 What is it that made you believe that it
12 wasn't credible when you found out?

13 **A Hearing from different staff that -- what**
14 **I heard was there might be some touching going on. I**
15 **don't know. I do not know what is the extent of the**
16 **touching. I did not read newspaper report about**
17 **██████████ I was not aware of all these allegations**
18 **because I did not read all of these transcripts that**
19 **you have. So what I'm saying is I'm hearing from the**
20 **people who don't even -- which is like hearsay and just**
21 **saying there might be some touching going on.**

22 Q Right, but my question is -- thank you for
23 that.

24 My question is: Why did you decide it wasn't

1 credible?

2 A It's hearsay when I'm hearing rumors about
3 different things, saying that not -- not even the
4 person will say that I saw it myself or I heard it
5 myself. They are just saying, oh, so and so and so and
6 so said so. So I'm just saying that some rumors might
7 be credible and a person will say I saw it myself.
8 Some might not be credible, saying some people told
9 them, you know, it's coming from different people. So
10 it really depends on who is saying credibility, if it's
11 credible or not. But it was all after when it was
12 initially reported, so I'm not sure what you're trying
13 to ask me.

14 Q Well, I'm just asking you how you came to the
15 conclusion that the hearsay wasn't credible.

16 A I explained that.

17 Q That it's just your judgment?

18 A You can say that if you want to.

19 Q Well, I'm asking you.

20 A It's not credible because nobody came to me
21 and said they saw it or they heard it from first
22 person. These are rumors coming from one person to
23 second to third and fourth. That's why I'm saying I do
24 not know if they were credible or not.

1 Q So a rumor or hearsay is automatically
2 something you just dismiss as not credible?

3 A No. We would not dismiss it if it was -- if
4 I had known this before the fact, before all of this
5 investigation started, I would have done something
6 about it. I would have informed at least the
7 supervisor or investigated it further.

8 Q So but you testified earlier about there just
9 being a mere suspicion, you know, is something that
10 even if the patient is delusional that you would act
11 on.

12 A Yes. And if I had known it before --

13 Q I need to finish my question.

14 A Okay. Sorry about that.

15 Q That's okay.

16 Earlier you said a mere suspicion, even if
17 the patient is delusional is something that the team
18 reports on. These are potential -- these are rumors.
19 They are not even coming from delusional patients,
20 staff, and I'm wondering why you dismissed those rumors
21 as having no reportable credibility. And I'm not sure
22 I understand the answer. Perhaps you could clarify it
23 more, and I then I can move on to the next question.

24 A Let me clarify. I did not do anything about

1 it because --

2 Q Thank you.

3 A -- Christy was already in trial, and she was
4 already going through trial, and then she was found
5 guilty of all of those charges, so I don't know if at
6 that point this is even reportable.

7 Q Right. But that's -- she was -- she was
8 accused of having sex with Ben by the police. We're
9 talking about [REDACTED] the rumors about [REDACTED] She
10 wasn't on trial for [REDACTED]

11 A Correct. But what you are -- what you are
12 saying? It was also at that time when all of this was
13 happening and everybody knew about it, and it was not
14 in my place to report at that time anything -- any
15 suspicion or anything like that because all of the
16 cases were already in court, and the investigation was
17 already going on.

18 Q I see. So you never heard anything about
19 Christy, a rumor of any kind, from staff before the
20 news reports were available on Christy and Ben?

21 A Correct.

22 (Whereupon, Plaintiff's Exhibit
23 No. 3 was marked for
24 identification.)

1 BY MR. CECALA:

2 Q I'll try to get to the next exhibit so we
3 can -- I am showing you an exhibit. It's marked
4 Exhibit 3. At the bottom of it there's a page number
5 27981, 27982 and 27617. I don't think this is an email
6 you've ever seen because it wasn't sent to you. It was
7 sent from Chief Epperson to Diana Hogan. And there's
8 an attachment number. It says 17-9021-R3, 5-31-17.

9 Do you see that at the top of the email, the
10 from and to and the attachment?

11 A Yes, I do.

12 Q Okay. This is an email from Chief Epperson
13 to Vicky Ingram, and he says, "Here's the report of the
14 incident on K Unit last night." He's referring to the
15 Ben/Christy incident. He says, "Very concerned that an
16 SW," social worker, "would ask for assistance from a
17 patient, for an office not on her unit."

18 Did you ever hear that Chief Epperson was
19 very concerned that Christy and Ben were locked in the
20 office?

21 A No, I did not.

22 Q Did you ever hear that anyone else was very
23 concerned about Christy and Ben being locked in the
24 office on May 31st?

1 **A No, I don't recall.**

2 Q And you've already said you weren't very
3 concerned about it at all, either, correct?

4 **A Yes, I was not that concerned.**

5 Q And then on this email chain there's -- the
6 final name is Malini Patel. Do you see that name?

7 **A Yes.**

8 Q And that was your immediate supervisor,
9 right?

10 **A Correct.**

11 Q Did Dr. Patel ever talk to you about this
12 email?

13 **A No.**

14 Q Then there's another name, Colleen Delaney.
15 Did Colleen ever talk to you about hearing
16 that Chief Epperson was concerned about this?

17 **A No, she did not.**

18 Q And then the last page of this exhibit is the
19 security report about the incident. I'm going to try
20 to shrink it so scrolling goes faster.

21 Do you see this security department report?

22 **A Yes, I do.**

23 Q Have you ever seen this before?

24 **A No.**

1 Q Did anyone ever relate to you that --

2 A I can't see the report now.

3 Q The report is gone. I'm just going to ask
4 you a different question.

5 Did anyone ever relate to you that there
6 should be a concern about Christy and Ben being locked
7 in Bob Hamlin's office?

8 A No.

9 Q Are you aware that Christy admitted that
10 while Christy and Ben were in the office, they actually
11 had sex before getting out of the locked office?

12 A You mean that day when this incident
13 happened?

14 Q At any time have you become aware that
15 Christy Lenhardt and Ben Hurt while locked in the
16 office had sex before calling the nurse's station to
17 get out of the office?

18 A I don't know exactly where this was
19 happening, the sexual activity. I was not aware that
20 that was the place.

21 Q Well, I'm telling you where it happened.
22 Christy Lenhardt and Ben Hurt had sex in Bob Hamlin's
23 office before they were let out of the office, and they
24 both have admitted to that.

1 Are you aware of that?

2 **A No.**

3 Q You've never been informed about that by
4 anybody to this day?

5 **A No.**

6 **(Whereupon, Plaintiff's Exhibit**
7 **No. 4 was marked for**
8 **identification.)**

9 BY MR. CECALA:

10 Q I'm showing you now what is -- it's a bunch
11 of pages. I only have a few questions about this. It
12 starts on page -- at the bottom it's 27404, for the
13 record, and it ends at 27418. This is another email
14 that went from Ann Boisclair.

15 Do you know who Ann Boisclair is?

16 **A Yes.**

17 Q And what is she -- what is your knowledge
18 about what Ann does at Elgin?

19 **A She does the quality control, so she kind of**
20 **reviews the records and makes sure that everything is**
21 **in place.**

22 Q And does she also help with training staff?

23 **A Yes.**

24 Q So this email was from Ann, and you can see

1 that Dr. Hardy is there?

2 **A Yes.**

3 Q And Malini Patel, that was your supervisor,
4 right?

5 **A Yes.**

6 Q And Diana Hogan and Colleen Delaney, and you
7 know who these people are?

8 **A Yes, I do. I don't know who Michael Anderson**
9 **is. I'm not sure.**

10 Q You don't know who Michael Anderson is.
11 Do you know who Bill Epperson is?

12 **A Yes.**

13 Q And it says Andrew Beck. Do you know who
14 that is?

15 **A Yes.**

16 Q Did you ever receive any materials on quality
17 control policy updates from Ann Boisclair?

18 **A Yes, I received -- yes. She sent -- go**
19 **ahead.**

20 Q No, it's okay. So you have received emails
21 from Ann in the past?

22 **A Yes.**

23 Q Okay. Do you recall ever getting an email
24 like this? There are exhibits on this email related

1 to -- if we look at the bottom of her email on this
2 page -- oh, I just skipped pages. The very bottom of
3 the page, item number six says PPM1870. This is a
4 policy manual, "Non-Consensual Sexual Contact Among
5 Patients Implementation Plan, QM," which, I think, is
6 quality manual -- or quality area -- "will send
7 approval version to all. Director of nursing to
8 present to CNM's" -- probably certified nurse managers
9 -- "who will train and do read and sign with" -- on the
10 next page -- "RNs to begin today; M.D.'s will present
11 at MSO today. Not sure if this got done because it's
12 already after MSO. Sorry."

13 So this policy was kind of distributed to
14 the -- to the team, and I'm just going to go quickly to
15 the policy that we're referring to.

16 **A Can I know what date this email was sent?**

17 Q Sure. Sure. You absolutely can.

18 So this was an email sent January 19th of
19 2017.

20 **A Okay. Thank you.**

21 Q Okay. And it was distributed to the team.
22 I'm just wondering -- I'll get to that policy. I'll
23 get the page number. So here's the first page of the
24 policy, and it goes from the bottom pages 27412 -- do

1 you see that number down there?

2 **A Yes, I do.**

3 Q It goes to the very end. It's six pages
4 long. It's Policy and Procedure Manual 1870
5 Non-Consensual Sexual Contact Among Patients.

6 Have you ever seen this before?

7 **A Yes, I have.**

8 Q You have. So you're familiar with this
9 policy?

10 **A Yes.**

11 Q Okay. As part of the policy there's a lot of
12 procedure here, that it -- it talks about in, like,
13 letter B it says, "Once the allegation is reported, the
14 following actions will occur: Number one, The charge
15 nurse --" telling the charge nurse what to do if there
16 is a consent -- a sexual relationship between two
17 patients, and then number two, there's an advocate and
18 instructions for the advocate; the nurse managers, part
19 three, and part four is -- covers physician.

20 So in this policy, physician, does that mean
21 you as the treating psychiatrist, M.D.?

22 **A I think it's probably both because the**
23 **medical examination is done by the primary care**
24 **physician.**

1 Q Yes. So that would be -- so if we look at
2 this, there's A, B, C, D procedurally.

3 A is, "Complete orders for increased
4 observation for the alleged perpetrator," correct?

5 **A That would be the psychiatrist.**

6 Q Say again?

7 **A That would be the psychiatrist.**

8 Q That's the psychiatrist.

9 And then the medical evaluation is probably
10 done by the M.D., right?

11 **A Primary care physician.**

12 Q Primary care.

13 And then there's a consultation amongst the
14 doctors taking into account the alleged victim's
15 preference of unit, because they need to be moved, the
16 linguistic accessibility, the gender composition of
17 units, other relevant factors.

18 So is this a meeting with the medical
19 director, charge nurse, clinical nurse manager, the --
20 whoever is on duty? So there's a meeting that takes
21 place to handle this move, correct?

22 **A Correct.**

23 Q Is the psychiatrist ever involved in that
24 meeting?

1 A It really depends on the time. So if it's
2 after hours, then it's just the primary care physician
3 who are the medical officer of the day. So if it's
4 immediate action needs to be taken, it's done just by
5 the primary care physician, but if it's during the day
6 shift, then the psychiatrist is involved.

7 Q Okay. And then it goes on here on item
8 letter C, it says, "If the alleged victim's treatment
9 plan specifically identifies a problem and intervention
10 plan for falsely alleging non-consensual sex based on
11 three or more previous allegations within the past six
12 months, or another well-described pattern of behavior,
13 that were addressed in the manner described above and
14 found not credible, then the charge nurse will contact
15 the medical director to describe the incident and
16 request the treatment intervention plan be followed, in
17 lieu of this protocol."

18 So if it's all just a bunch of false
19 information, falls alarms, it's just the psychiatric
20 team -- or the treatment team that has an intervention
21 because the person is falsely accusing everyone,
22 correct?

23 A That's correct. But again, it's very hard to
24 find out if it's false or true, so we -- there would be

1 definitely an OIG report made to make sure that it's
2 reported to OIG because it's very -- at that moment
3 it's really hard to determine.

4 Q Right. At a minimum, even if the false
5 allegation, the team is trained -- the social workers,
6 the STAs, the nurses, the medical doctors, the
7 psychiatrists, they are all trained kind of like a
8 crackerjack team to make sure it gets reported to OIG
9 and everyone knows what's happening, right?

10 A Correct.

11 Q And then these are exhibits. One is a
12 response checklist to allegations of non-consensual
13 sexual contact. It says non-consensual because it's
14 two patients, right, not a patient and a staff?

15 A Yes, two patients.

16 Q Right. So this is all what's needing to be
17 done. And under the physician area it says: Medically
18 evaluate and treat, as needed, the alleged victim;
19 complete an injury report; consult with the medical
20 director on how to best separate them; write a transfer
21 order; consult with the medical director on whether the
22 victim needs to be sent to a medical hospital; and
23 write comprehensive progress notes in the charts of
24 both the alleged victim and the alleged perpetrator.

1 Would those chart notes be something that the
2 psychiatrists would be preparing because it's under the
3 physician area?

4 **A Yes. The psychiatrist would be doing that,**
5 **the primary care physician, nurses or whoever the staff**
6 **it was reported to, if it's an STA or social worker.**

7 Q Yeah. No, I understand that, and I really
8 want to get you out of here on time, so we can go
9 quickly.

10 But this is under the physician area, right?

11 **A Right.**

12 Q The treating psychiatrist would write
13 progress note reports on both the victim and the
14 perpetrator, correct?

15 **A Correct.**

16 Q Okay. And then there's another exhibit which
17 is helpful, strategies for the victim, correct?

18 **A Correct.**

19 Q And there's a lot of stuff.

20 When this happens, it's kind of a big deal,
21 isn't it?

22 **A Yes.**

23 Q So the first thing is telling the person
24 you're with them for their safety. This is the

1 advocate. There's a special job. Someone gets
2 appointed as an advocate for the victim, correct?

3 **A Correct.**

4 Q And there's a lot of language here,
5 reassuring the person, doing everything possible to
6 listen carefully; asking the person if they'd like to
7 make a phone call to family, friends or other support
8 persons and provide privacy for the phone call to take
9 place.

10 That's what the advocate would do, correct?

11 **A Correct.**

12 Q And then there's another individualized plan
13 of care with all of the interventions. Now -- and this
14 is -- even if it's false, like, we're looking at three
15 or more previous false allegations, because if someone
16 keeps doing this falsely, accusing of abuse, it's kind
17 of a burden to everyone because even if it's false,
18 you've got to do all this paperwork, right?

19 **A Correct.**

20 Q So you want to correct the behavior of false
21 report?

22 **A Correct.**

23 Q Okay. And here, interventions, check the
24 patient after an hour, the next day, done by the RN.

1 Then there's psychiatrists here. Interview
2 the patient and determine whether the patient's report
3 may mask another incident. If so, convene the clinical
4 team to address it.

5 So the psychiatrist would get involved in
6 querying the patient about, hey, is this the only
7 incident, or are there more? Is that what that means?

8 **A Yes.**

9 Q And then the psychiatrist assesses
10 medication, and then it looks like that's the end of
11 the psychiatric notes on this.

12 So this is all something that's done for
13 non-consensual sex between two patients, correct?

14 **A Correct.**

15 Q Is it possible for two patients to have --
16 who have been determined to be mentally ill to be -- to
17 have consensual sex?

18 **A Is it possible?**

19 Q Yeah. Can any mentally ill -- any person who
20 is confined to a secured psychiatric facility have
21 consensual sex with any person ever?

22 **A Any patient?**

23 Q Any patient.

24 **A Any patient. It's possible, yes.**

1 Q So two patients can have consensual sex if
2 they are confined to and have been adjudicated mentally
3 ill?

4 A **It's not allowed, but if you're saying it's**
5 **possible, it's possible.**

6 Q Okay. Fair enough. You're saying that
7 it's -- they can have -- your answer is they can have
8 consensual sex?

9 A **It's not allowed. It's something that's not**
10 **allowed, but it can happen. That's what I'm saying.**

11 (Whereupon, Plaintiff's Exhibit
12 No. 5 was marked for
13 identification.)

14 BY MR. CECALA:

15 Q Okay. This next exhibit is a -- it's the
16 entire set of restriction of rights on Ben Hurt from
17 his chart. So this first page, which is page -- at the
18 bottom it's, for the record, 16246, and it
19 consecutively goes to 16257.

20 So on this first page 16246 -- have you ever
21 seen a notice regarding a restriction of rights paper
22 like this?

23 A **Yes, I have.**

24 Q Have you seen this one?

1 **A No.**

2 Q So can you tell me what this is?

3 **A So what it says is that a patient was**
4 **yelling, cursing at a peer and staff, and staff was**
5 **unable to calm down, and so he was offered medication.**
6 **And whenever the medication are given in the presence**
7 **of security, we have to do restriction of rights.**

8 Q Okay. So -- and this was for Ben Hurt,
9 right?

10 **A Yes.**

11 Q And it was issued on August 22nd, 2015?

12 **A Correct.**

13 Q And then there's just a page two with some
14 notices to the patient, and then there is another one
15 here. This is a different one, right? And it's
16 another -- Ben Hurt is the patient's name, and it says
17 Part Two, Other Restrictions. On August 29th,
18 patient -- it says, "Reason: Patient is on frequent
19 ob's for increased psychosis and unpredictable
20 behavior. He is undergoing medication change."

21 So this is another restriction of Ben's
22 rights a little bit after the one we just looked at,
23 correct?

24 **A Correct.**

1 Q Okay. And then there's the same notice to
2 the individual because his rights are being restricted?

3 A Uh-uh.

4 Q Here is another one now. This is the one
5 I want to get to.

6 So this is page 16250. This is another
7 restriction of rights, correct?

8 A Correct.

9 Q Relating to Ben, and the date of this is
10 June 30th, 2017, correct?

11 A Correct.

12 Q And it's going to be restricted from
13 June 30th to July 3rd, 2017, right? Correct?

14 A Right.

15 Q Are you -- he was your patient at that time,
16 right?

17 A Yes.

18 Q In fact, June 30th, we talked about, is the
19 big date when the investigation from Elgin security and
20 the State Police commenced, correct?

21 A Correct.

22 Q So here it says, "Patient is under
23 investigation - administrative directive," correct?

24 A Correct.

1 Q Were you aware of this restriction put on
2 Ben?

3 A **Yes.**

4 Q And it says here that he is not allowed to
5 use the telephone, right?

6 A **Correct.**

7 Q So he can't call anyone?

8 A **Correct.**

9 Q And then there's the same page two, notice of
10 his rights. Then there's another restriction of rights
11 that ends -- begins on July 3rd when the prior
12 restriction ended, right? Is that what you see?

13 A **Yes.**

14 Q And that one ends July 22nd --

15 A **Correct.**

16 Q -- 2017.

17 And that's -- that was Ben's Thiem date, it's
18 when he Thiemed out?

19 A **That's correct.**

20 And I just want to clarify that when people
21 have these restriction of rights for telephone, if they
22 need to call the family, they are allowed to do so in
23 the presence of the social worker. So that restriction
24 is mainly for a phone that's in the day area, the

1 patient phone where they are able to just talk on their
2 own, but we allow them to talk to their family in the
3 presence of the social worker, if needed.

4 Q Thank you for volunteering that.

5 We're going to get to that in a minute.

6 A Okay.

7 Q So part three, it says -- the box is checked,
8 "Individual wished guardian and/or designee notified as
9 indicated below."

10 So here it says, "Mother to be notified of
11 the ROR. Patient called for social worker office, as
12 per security." Correct?

13 A Correct.

14 Q So you're saying he can talk to his mother?

15 A Yes, or any family member that he wishes to.

16 Q Or any family member. Yeah. Understood.

17 But that's your understanding of this ROR,
18 right?

19 A Right.

20 Q Sorry. ROR, restriction of rights.

21 Okay. And then I think that's the end of
22 that. So Ben -- Ben received a restriction of rights
23 the day that this instance of his investigation
24 commenced, right?

1 **A Correct.**

2 Q And you're aware that he got the restriction
3 of rights, and what I'm wondering is whether you were
4 aware of anything -- of any -- any information about
5 the investigation that would have caused him to need a
6 restriction of rights?

7 **A We were not given any information by**
8 **administration. We were just told it is an**
9 **investigation.**

10 Q Yeah, my question is a little different.
11 I just want to make sure you're understanding my
12 questions. I'm not asking what you were told. I'm
13 asking what you were aware of.

14 So were you aware of any information about
15 why Ben was being investigated that would cause a
16 restriction of rights to prevent Ben from making any
17 phone calls?

18 **A No, I was not aware.**

19 **(Whereupon, Plaintiff's Exhibit**
20 **No. 8 was marked for**
21 **identification.)**

22 BY MR. CECALA:

23 Q Okay. So the next exhibit -- I'm going to
24 skip ahead.

1 MS. JOHNSTON: Which exhibit are you going to,
2 Joe?

3 MR. CECALA: Sorry. I went ahead to Exhibit 8.

4 MS. JOHNSTON: Okay.

5 BY MR. CECALA:

6 Q So this one begins page 14018. Do you
7 recognize this, Doctor?

8 A This is a progress note. I don't know if I
9 read it or not, but this is a progress note from Ben's
10 chart dated 12/10/14.

11 Q Yeah, 12/10/14 is the first progress note,
12 right?

13 A Right.

14 Q That's in the upper left.

15 And then I'm most -- I'm interested on this
16 page with the second progress note --

17 A Okay.

18 Q -- which is on 12/11/14. I think it says --
19 we're all going to struggle here. I think it says,
20 "Altercation between" --

21 MS. JOHNSTON: Can you just say patient for any
22 other patient name that --

23 MR. CECALA: Sure. They are always first names.
24

1 BY MR. CECALA:

2 Q But altercation with patient and Ben, banging
3 on each other's doors. And then the note goes on. But
4 clearly they put some note in here that there's --
5 something is going on with Ben and another patient
6 where they are banging on each other's doors. And this
7 is December 11, 2014. 2000 hours, military time, that
8 would be what, 10 o'clock.

9 Is that -- that first sentence, does that
10 read that way to you?

11 A Yes, altercation between patient and Ben
12 banging on each other's door. Yes.

13 Q Okay. So that was on December 11th. So Ben
14 is having some trouble on December the 11th.

15 And then -- let me make sure I get the right
16 page. Fast forward to a few days later, there's
17 another progress note, and in the progress notes they
18 either -- the signatures are very difficult to read,
19 but they sort of try to put their titles where this
20 note starts: 12/14/14. I think it says, NS -- is it?

21 A G.

22 Q Say again?

23 A NSG, which means nursing.

24 Q Right. So it's nursing?

1 **A Correct.**

2 Q And in this progress note it says -- if you
3 look a few lines down, because it's very difficult to
4 read -- I'm going to try to get it because it's hard to
5 read it. At 1730 hours -- right here, can you see what
6 I'm pointing to?

7 **A Yes.**

8 Q I can't read that word. I think it's patient
9 was in the L -- L --

10 **A Laundry room.**

11 Q Laundry room.

12 Can you read that?

13 **A I don't know exactly.**

14 Q It looks like L Unit dinner room?

15 **A Dining room.**

16 Q Dining room. Yes?

17 **A Right. When --**

18 Q When a physical altercation --

19 **A Occurred.**

20 Q -- occurred.

21 **A Right.**

22 Q So Ben got in a fight at about 6 p.m. on the
23 14th of December 2014, is that -- that's in his
24 progress notes, right?

1 **A Correct.**

2 Q And as we've discussed before, if you look
3 at -- it doesn't say the time, but there's -- on this
4 next page, the top of the next page, 12/14/14, "Patient
5 moved from L Unit due to altercation with peer.
6 Started on," it looks like a code for medication.

7 **A Frequent observation for unpredictable**
8 **behavior.**

9 Q Good. So that's what that meant. FO is
10 frequent ob's, right?

11 **A Correct.**

12 Q What does frequent ob's mean?

13 **A So on the forensic side, patients are**
14 **monitored every half an hour, but when patients are on**
15 **frequent observations, they are monitored every 15**
16 **minutes, and if there is anything potentially dangerous**
17 **they have, then it's removed from them in order to keep**
18 **them and other people safe.**

19 Q Now, we just looked through all of Ben's
20 restrictions of rights, and it looks like he got in a
21 fight, and he may have been the one who caused the
22 fight here. We can go through that in detail, but it's
23 not necessary. And he didn't receive any restrictions
24 of his rights, correct?

1 **A I don't know. I don't have access to all of**
2 **the record right now.**

3 Q Well, I showed you all of the restrictions of
4 rights in the last exhibit that pertained to Ben Hurt.
5 There is no restriction of rights in December of 2014.

6 **A When patients are on frequent observation,**
7 **that means automatically that there is -- there are**
8 **some restrictions. I'm not sure if they have to fill a**
9 **separate restriction or rights for that.**

10 Q Right. But he wasn't restricted from using
11 the phone?

12 **A No, he was not, no.**

13 Q Right.

14 **A No.**

15 Q So I'm going to jump down to page 14061.

16 **A Okay.**

17 Q There it is. That wasn't too bad.

18 So in the middle of this page, these are
19 notes from January 4th at the top, and then it starts
20 January 5th at 6:37 in the morning, and then there's
21 another one at 9:30 p.m., and then the fourth one is
22 January 5th, '15, nursing, 10 p.m. -- or I don't know
23 if it's -- it says -- maybe it's 10 a.m. because they
24 are using military time.

1 **A Yes.**

2 Q It's 10 a.m., right?

3 **A Yes, 10 a.m.**

4 Q Right. And then it says, "Patient being
5 transferred to L Module."

6 So when he was transferred off of L, it looks
7 like here the third line down says, "Patient
8 transferred from K Module to L Module."

9 That was back in December, right?

10 **A January 5th, 2015?**

11 Q Well, this note on January '15, it says he
12 was transferred to L Module.

13 **A Yes.**

14 Q But he was already on L Module and
15 transferred off, when he got in the fight, to K?

16 **A Correct.**

17 Q And now he is being transferred back on
18 January 5th, right?

19 **A Correct.**

20 Q Why would he be transferred back?

21 **A Maybe the issue between the two patients was**
22 **resolved.**

23 Q Had he had MISA at this time?

24 **A No. At that time he was not stable for MISA.**

1 Patients who are in the MISA program are the
2 ones who are stable, who are attending their groups,
3 who are able to comprehend the MISA program. So at
4 that point he did not stay there because he was not
5 stable for the MISA program.

6 Q Aah. Okay.

7 A And I also want to bring up that when he was
8 transferred from L to K at that time in 2014, he was
9 still being monitored by the same treatment team. So L
10 treatment team was still following him up, as you see
11 the notes from Dr. Javed in the chart.

12 Q Right. So he didn't become your patient on
13 K Unit in 2014?

14 A Correct.

15 Q Okay. So this next one is another excerpt
16 from Ben's chart. I'm going to shrink it. So this one
17 is a couple years later, and this is December 13th,
18 2016 is entry one, same but a little bit later, and
19 then 12/18/16, 1930, so 7:30 p.m., there is a note
20 here, and it looks like -- I can't read the first two
21 words, but "physical altercation with another peer."

22 Do you see that note?

23 A Yes. Patient had physical altercation with
24 another peer.

1 Q So a couple years later Ben got in another
2 fight?

3 A **Yes.**

4 **And in this, the worse difference in this**
5 **fight is that he was the one that got beat up.**

6 Q Right.

7 A **Yes.**

8 Q Right. So he wasn't the perpetrator in this
9 instance?

10 A **No. No. No.**

11 Q And then on page 14477 -- so there's quite a
12 few notes on this.

13 A **Right.**

14 Q Getting to, I think I'm on it, 76 -- great.
15 77. It looks here on 12/20, I think these are your
16 notes right here --

17 A **Yes.**

18 Q -- the second entry.

19 Can you tell us what -- is the first and the
20 second entry yours or just the second?

21 A **Just the second.**

22 Q And what does that say? I'm sorry to put you
23 on the spot with your own handwriting, but can you read
24 that to us?

1 **A "Mr. Hurt needs to complete MISA program. It**
2 **is the consensus of treatment teams from K and L that**
3 **he will stay on Unit K to work on his substance abuse**
4 **issues."**

5 Q Good. So it was the consensus of the
6 treatment teams on K and L?

7 **A Correct.**

8 Q Were you in any meetings to discuss how the
9 consensus was arrived at to leave him on K Unit?

10 **A Yes, it was discussed in the morning**
11 **meetings.**

12 Q And who was part of those meetings?

13 **A Everybody from both teams is invited to these**
14 **meetings.**

15 Q So who would that be? What are the names of
16 the people?

17 **A Psychiatrists.**

18 Q Well, no, what are the names of the people?

19 **A Dr. Javed, Dr. Kareemi; social worker from K,**
20 **Bob Hamlin; Drew Beck. I'm not sure who else was a**
21 **social worker there. Social worker on L, Christy**
22 **Lenhardt, and I do not remember who else was a social**
23 **worker. Psychologist Pat Larson; nurse manager,**
24 **I think it was Colleen Delaney; sometimes STAs are also**

1 **in those meetings, so it was discussed in the**
2 **treatment -- in the morning meetings.**

3 Q So you, Dr. Javed, Colleen Delaney, Drew
4 Beck, Bob Hamlin, Christy Lenhardt. Did I miss
5 anybody?

6 A **No. So I --**

7 Q Pat Larson?

8 A **Correct.**

9 And I do not recall specifically, you know,
10 **this meeting, but I am generally saying that this is**
11 **how we discuss things.**

12 Q So as part of the meeting on December 20th,
13 do you ever recall Christy Lenhardt voicing any
14 objection to go against the consensus that Ben stay on
15 K Unit?

16 A **No, I don't recall.**

17 Q Do you ever recall Christy becoming emotional
18 about the fact that Ben was not coming back to L Unit?

19 A **No, I don't recall that.**

20 Q Did you ever observe Christy crying because
21 Ben wasn't going to come back to L Unit?

22 A **No. No, I did not.**

23 Q Then the next entry is on 12/2016, Mr. Hurt
24 was transferred to K Unit for his own safety due to

1 recent physical altercation with peer who remained on
2 unit.

3 So he was actually transferred for his
4 safety, correct?

5 **A Correct.**

6 Q But then this consensus meeting happened, and
7 everyone that we named was in agreement that Ben should
8 stay on K Unit to complete the MISA program, correct?

9 **A Correct.**

10 Q And at the bottom of this note, it says he is
11 aware of permanent -- and it goes on to the next
12 page -- transfer and change in condition. Treatment
13 plan staffing, et cetera.

14 So Ben was made aware of this is what that
15 note says, right?

16 **A Right.**

17 Q And did Ben ever voice any objections to you
18 about staying on K Unit?

19 **A No, he did not.**

20 Q Give me one second.

21 So you were on K Unit for how many years,
22 Doctor?

23 **A Since August of 1999.**

24 Q And actually, one quick question before I go

1 down that road.

2 This is December of 2016 when this
3 altercation happened, and it looks like Ben was the
4 victim of -- another patient beat him up, right?

5 **A Yes.**

6 Q So I looked through all the restrictions of
7 rights. We just looked at all of the restrictions of
8 rights in Ben's chart. He wasn't given a restriction
9 of rights here, either, right?

10 **A No. Since he was the victim, there was no**
11 **reason.**

12 Q Right. A victim would never get a
13 restriction of rights, correct?

14 **A Correct.**

15 Q So back to the -- how many years were you on
16 K Unit?

17 **A Since 1999, so 22 years.**

18 Q 23 years on K Unit, which is the MISA unit at
19 Elgin, right?

20 **A Yes. 22 years.**

21 Q 22 years?

22 **A Yes.**

23 Q How long does it take a patient to finish
24 MISA?

1 A It really depends on the motivation of the
2 patient, but most people complete it in around six to
3 nine months.

4 Q Six to nine months on average?

5 A Yes.

6 Q Is it closer to six months or closer to nine
7 months if you were picking an average?

8 A I would say closer to nine than six.

9 Q And you just mentioned if the patient is
10 motivated. What does that mean?

11 A It means that they are going to their groups.
12 They are working on their relapse prevention plan,
13 their recovery plan, their conflict presentation. So
14 they need to complete all of these documents before
15 they can graduate, and they have to pass certain
16 groups. So if they are motivated only, then they will
17 do it. If they are not motivated for that, not going
18 to their groups, not completing these documents, then
19 it takes longer.

20 Q And the motivation, you talked about this
21 earlier. If someone is kind of trying to become
22 conditionally released, perhaps they have a long Thiem
23 date, would that make them more motivated to finish
24 MISA and to really do the work and go to the groups and

1 participate so they could accelerate the checking off
2 one of the things they need to do to be conditionally
3 released? Is that true for you?

4 **A Correct.**

5 Q So the people who would tend to complete it
6 in closer to the six-month might be people that might
7 have a conditional release hanging over their head to
8 finish things so they can demonstrate that they are
9 ready to be released, correct?

10 **A Correct.**

11 Q And you even said, they are there, they are
12 more stable, they are getting ready to be released on
13 K Unit. They are going through MISA. Their incentive
14 is to do well, show up to the groups, finish MISA in a
15 hurry to get out, correct?

16 **A Correct.**

17 Q Was that your experience with Ben?

18 **A No, because he was missing his groups, coming
19 late to the groups. He was not very motivated.**

20 Q And why do you think he wasn't motivated.

21 **A Because he knew that he would get discharged
22 anyway because his Thiem date was July 22nd, 2017.**

23 **(Whereupon, Plaintiff's Exhibit**

24 **No. 10 was marked for**

1 **identification.)**

2 BY MR. CECALA:

3 Q So, Doctor, here's another chart note, and
4 this looks like it is -- this chart note starts on
5 May 25th, 2017.

6 A **Correct.**

7 Q And the last entry on the page is June 1st,
8 2017, right?

9 A **Right.**

10 Q And I think there's another page. This, too,
11 is entered -- this is the next note after June 1st,
12 June 8th, 2017 in the chart. So these are sequential
13 pages 1502 -- maybe I'm missing a page. It looks like
14 there's a 1503 that I'm missing.

15 MS. JOHNSTON: I can look into that later. Sorry.
16 30,000 pages got scanned in --

17 MR. CECALA: No worries.

18 MS. JOHNSTON: -- at various times.

19 MR. CECALA: No, no worries.

20 MS. JOHNSTON: We can go back to that.

21 MR. CECALA: I, actually, am completely
22 uninterested in the note on the next page.

23 BY MR. CECALA:

24 Q This was the note between May 30th and

1 June 1st, which is the two days on either side of the
2 day Ben and Christy were locked in Bob Hamlin's office,
3 right? They were locked in on May 31st; is that
4 correct?

5 **A I don't know what date they were locked in.**

6 Q Well, maybe Counsel will stipulate. It was
7 May 31st, 2017 they were locked in the office.

8 **A Okay.**

9 MS. JOHNSTON: I trust that you're remembering
10 accurately the security report. I'll stipulate to
11 whatever was on there. That's fine. We don't need to
12 pull it back up.

13 MR. CECALA: Okay. Great. I was going to say I
14 have the exhibit.

15 BY MR. CECALA:

16 Q But May 31st is the day Ben and Christy were
17 locked in Bob Hamlin's office, and these are the chart
18 notes on May 30th and the other one on June 1st.

19 Are either of those your notes?

20 **A The one on May 30 where it says, monthly**
21 **Progress note completed," that is my note.**

22 Q Okay. So those would be your monthly
23 progress notes, the psychiatric monthly progress note.
24 That's kind of a standard monthly report that you

1 prepare?

2 **A It is a different section in the chart where**
3 **we keep those notes.**

4 Q Yes. We have those. We're not going to go
5 through those today.

6 The other two notes, do you see -- can you
7 read those notes?

8 **A One is primary care physician.**

9 Q Yep.

10 **A Patient as per Dr. Ready (phonetic)**
11 **recommendation -- canceled PT as per Dr. Ready**
12 **recommendation.**

13 Q Right. No mention of him being locked in the
14 office, is there?

15 **A No, there's not.**

16 Q And there's no restriction of rights on that
17 day either, is there?

18 **A No.**

19 Q I'm not sure why this is not working, but
20 I think we're going to make it before 6 for sure.

21 So -- okay. So this is the notes beginning
22 on June 29th from Ben's chart.

23 **A Correct.**

24 Q So on this day it looks like the activity

1 therapist made a note at 1544. It's 3:44 p.m. Met
2 with the patient on June 27th. His therapy interview
3 was done. And at lines three and four it says, patient
4 was cooperative throughout the interview.

5 So this is supporting your -- he was stable,
6 right?

7 **A Correct.**

8 Q And then the next one is June 30th. I think
9 that's your note. Can you read the next -- the note
10 that's the entry of June 30th at 9:30 a.m.?

11 **A "Mr. Hurt had a room search by security.**
12 **There is a security investigation going on, and it was**
13 **recommended by security to hold his passes and not**
14 **allow any off-unit activities. It was also recommended**
15 **to transport him in waist belt, hand and ankle cuffs.**
16 **The treatment team met with Mr. Hurt, and he stated,**
17 **'I have no clue what is going on.' He agreed to**
18 **cooperate with the investigation. Counseling**
19 **provided."**

20 Q Okay. So the counseling provided note, did
21 you counsel him?

22 **A Yes, we provided support. We were very**
23 **supportive. We told him that this is an investigation.**
24 **We don't know what's going on. So, yes, we provided**

1 **support and counseling and educated him about what we**
2 **knew what was going on.**

3 Q Well, what did you tell him that you knew?

4 A **We told him that there was some investigation**
5 **going on, and we were told by security to do all of**
6 **this.**

7 Q Okay. Did anyone tell you as his treating
8 psychiatrist that when they did the room search they
9 found an audio recording of Ben Hurt and Christy
10 Lenhardt engaging in -- and where Christy Lenhardt
11 performed oral sex on Ben?

12 A **No one told me that.**

13 Q Did anyone tell you there was another audio
14 recording detailing the intimacy that Christy had with
15 ██████████ that she was romantically involved with him,
16 and she admitted that on an audio recording to Ben
17 Hurt?

18 A **No one told me that.**

19 Q Did anyone ever tell you that there was -- as
20 part of the audio recording that Ben Hurt and Christy
21 discussed how Christy helped ██████████ ██████████ to escape
22 from Elgin Mental Health Center and how she was
23 romantically and sexually involved with him while he
24 was a patient before ██████████

1 **A No.**

2 Q So you knew nothing about the fact that these
3 audio recordings had been discovered with fairly
4 compelling information about a sexual relationship
5 between not only Ben and Christy but Christy and other
6 patients? You knew nothing about that, and no one told
7 you?

8 **A When the investigation started, when we**
9 **started hearing from the news and all these rumors, I**
10 **did hear that there was some recording found, but at**
11 **that point when I was treating Ben, no one told me**
12 **that.**

13 Q So -- and this is June 30th. And
14 I appreciate you volunteering the information about
15 what happened four months later. I'm just worried
16 about June 30th. No information was provided to you as
17 the treating psychiatrist that Ben and Christy were
18 engaging in sex?

19 **A At that time, no.**

20 Q With that information, would you have
21 concluded that Ben had been sexually abused by Christy?

22 **A Can you rephrase your question? I don't**
23 **understand.**

24 Q Sure. If you had been able to hear the audio

1 recording or even if someone had told you that the
2 audio recording indicated that Christy Lenhardt had
3 performed oral sex on Ben Hurt, would you have been
4 able to conclude that Ben Hurt had been sexually abused
5 on June 30th?

6 **A Yes.**

7 Q Do you think having that information may have
8 factored into the counseling that you provided to Ben?

9 **A Yes.**

10 Q Now, we know that we just went through the
11 restrictions of rights. Do you need me to re-call
12 those documents up, or do you remember looking at them
13 starting on June 30th where his telephone privileges
14 were removed?

15 **A You don't need to bring them back.**

16 Q So his telephone -- obviously, his telephone
17 privileges were, in fact, removed.

18 Do you recall looking at the policy on
19 consensual sex -- non-consensual sex between two
20 patients, where it mentions how the patient is allowed
21 to call family --

22 **A Yes.**

23 Q -- because they have experienced abuse, and
24 they might want to hear from a loved one, right?

1 **A Correct.**

2 Q That's not what happened to Ben, though,
3 right?

4 **A Ben had a telephone restriction for the**
5 **patient phone. My understanding is -- I do not recall**
6 **completely, but when patients have restriction of the**
7 **patient phone, they are still allowed to use the social**
8 **worker phone in the social worker's presence. So my**
9 **understanding is that he was allowed to make phone**
10 **calls to his family.**

11 Q Okay. Well, let's look at that. This is
12 page 14510, and it looks here at the top, June 30th,
13 1600 hours "P," line one, "ROR," restriction of rights
14 "for phone use per administration."

15 **A Right.**

16 Q So who -- when it says per administration,
17 I'm just curious. Who would that be that is per
18 administration restricting his rights?

19 **A I remember that it was chief of security who**
20 **probably told us. I'm not a hundred percent sure, but**
21 **my understanding is that it was chief of security.**

22 Q So Bill Epperson is the one who would have
23 said, as administration, don't let him make phone
24 calls?

1 **A Correct.**

2 Q And, in fact, I can't really read it. It
3 says, "ROR for phone use by --"

4 **A Social worker.**

5 Q "-- social worker and explained to
6 patient" -- something to patient. I can't really read
7 it. I don't know if you can read that line.

8 **A Yeah, I'm having a hard time reading it. It**
9 **says, "patient" something "ROR given to patient.**
10 **Copy" -- "copy of ROR given to patient."**

11 Q Great. Great.

12 But then it goes on to say -- the last line
13 says, "stated that the social worker explained it to
14 him." So this is the note indicating he is being -- on
15 June 30th they are telling him why he has got the ROR,
16 right?

17 **A Correct.**

18 Q And then it seems like the date is out of
19 order here. We've got July 3rd next. And then the
20 third entry is June 30th, '17, social Worker 2 at 1515,
21 and it looks like something 7/3 at 1100. I'm not sure
22 why there --

23 **A It's a late entry.**

24 Q It's a late entry.

1 Okay. So he's writing about what happened on
2 June 30th, but he is writing the note on July 3rd?

3 **A Correct.**

4 Q Or she?

5 **A Yes. I don't know who that is. Yeah.**

6 Q So here it says, "This" --

7 **A Writer.**

8 Q -- "writer" --

9 **A "Met with patient per request of" --**

10 Q "Nurse manager"?

11 **A Nurse manager, right.**

12 Q And then it says what?

13 **A "Patient given ROR for telephone until --**
14 **from 7/3/17, 1600."**

15 Q It looks like Monday 7/3/17, 1600?

16 **A Right. Correct.**

17 Q Okay. Then what does it say next? Patient?

18 **A Informed this to -- I'm having a hard time.**

19 Q "This is due to administrative directive"?

20 **A Correct.**

21 **"Due to investigation involving patient.**

22 **Patient asked what would happen if he" --**

23 Q Appeal it?

24 **A -- "appeal it. Patient informed."**

1 Q "No" something needed?"

2 A **Signature needed.**

3 Q Do you know what that means? That he doesn't
4 have to sign the ROR, is that what that means?

5 A **Yeah, I think so.**

6 Q Okay. Because he didn't agree with it?

7 A **Yes, he did not.**

8 Q Did he tell you he didn't agree with it?

9 A **When we met with him, he said he would**
10 **comply, you know, with whatever is going on.**

11 Q Okay. Well, at least here he is saying he
12 doesn't agree.

13 A **Right.**

14 Q Then it says, "Patient then asked what would
15 happen if he used phone. Patient informed that
16 security would be" -- "would likely have to be called"?

17 A **Correct.**

18 Q He agreed to the restriction. "Patient
19 denied to take off --"

20 A **Copy --**

21 Q What does it say?

22 A **"Copy of ROR."**

23 Q And then was clearly not -- well, the bottom
24 says he was clearly not pleased. It's ROR, and it

1 seems like it says, "closed mind as we left
2 conference."

3 **A "Patient was calm throughout discussion but**
4 **was clearly not pleased."**

5 Q So he is kind of maintaining his composure,
6 but he is saying I don't need an ROR for the phone?

7 **A Correct.**

8 Q Okay. Then this is a bit more of the
9 typewritten what we have just gone through. But he is
10 getting ready to leave, right? This is a progress note
11 on July 3rd, typed up by, it looks like -- I think on
12 the next page it looks like it's -- his social worker
13 is Robert Lee.

14 Do you remember working with Robert Lee at
15 the end of Ben's stay?

16 **A Yes, I do.**

17 Q Who was Bob Lee?

18 **A He was a social worker who was transferred to**
19 **K Unit from another unit.**

20 Q Okay. So in this typewritten note, if we can
21 get down to this next page, which is -- apparently this
22 was on July 3rd. It says here June 30th. Do you see
23 where it says, "On June 30th"?

24 **A Yes.**

1 Q You know, "conducted a room inspection,
2 confiscated a bag of items from his room. Clinical
3 team were not offered particulars concerning the
4 investigation."

5 Is that you, the clinical team?

6 **A Yes.**

7 Q "And are acting on restrictions set forth by
8 administration. A spork" -- which is, I guess, it's
9 like a fork and a spoon --

10 **A Correct.**

11 Q "-- "device to eat was also discovered. He
12 was given a loss of privileges."

13 So he is not allowed to have that in his
14 room, right?

15 **A Yes, they are not allowed to have a spork or**
16 **any -- anything -- any food items in their room.**

17 Q So this says his GED instructor was notified
18 they can still conduct lessons on the unit.

19 Do you know, was he restricted in any other
20 way other than the telephone? Because it seems like he
21 had to get permission to keep going to the GED classes.

22 **A He was restricted to the unit, and he was cut**
23 **off of the phone, and his passes were all placed on**
24 **hold.**

1 Q So he basically lost whatever privilege
2 he had other than staying on the unit and going to his
3 GED classes?

4 A I think that -- yeah, I think the GED
5 instructor was coming to the unit to conduct class.

6 Q Okay. Did he continue with groups and social
7 worker interaction?

8 A Social worker, yes; groups, I don't recall.

9 Q And then it says, on 6/30 at 1515, co-worker,
10 social worker, was directed by the nurse manager to
11 issue Mr. Hurt an ROR, restriction of rights, for phone
12 privileges until Monday, June 3rd.

13 On June 3rd his social worker was advised by
14 nursing and security to extend his ROR. We saw that,
15 right? It went from July 3rd to his Thiem date then,
16 he wasn't allowed to use the phone?

17 A Correct.

18 Q He was asked if he wanted a copy sent to
19 anyone, including guardian advocate. He replied no.
20 He was provided a copy, and the original was filed in
21 the chart.

22 Now there is a note on 7/3. "Security came
23 to the unit and spoke to Mr. Hurt."

24 Were you aware of that?

1 **A No, I was not.**

2 Q I'm going to jump down to page 1415. I'm
3 going fast to be done by 6.

4 **A Thank you.**

5 MS. JOHNSTON: Do you mean 14 and 15 of the PDF
6 or --

7 MR. CECALA: The Bates stamp is 14515.

8 MS. JOHNSTON: Okay.

9 BY MR. CECALA:

10 Q So we have a similar note here, but it's
11 at -- now we're out to July 11th in his chart, and it
12 says, "Standing information." It talks about
13 June 30th, the inspection. The clinical team didn't
14 know anything. At the direction of security, his
15 passes were pulled. It's the same thing from before,
16 same thing until July 3rd. His social worker was
17 advised the ROR would continue.

18 It's the same note from June 30th, right?

19 **A Right.**

20 Q Then on July 11th, a large bag of items was
21 returned to Mr. Hurt?

22 **A Right.**

23 Q Are you aware that a large bag of items from
24 his room search was returned to him on July 11?

1 **A No, I was not aware.**

2 Q Have you ever reviewed his chart?

3 **A I've reviewed part of it, but I have not**
4 **reviewed these notes.**

5 Q You never saw these before?

6 **A No, I don't remember reading these notes.**

7 Q Okay. Then it says: On July 11, this writer
8 was directed by email to issue another ROR to Mr. Hurt
9 on the following items: Four flash drives, one
10 journal, one iPod Nano.

11 So he wasn't able to get at the devices on
12 which these recordings, these sexual recording, were
13 taken from him. Is that -- do you see that?

14 **A Yes, I see that.**

15 Q But you didn't know that the sex -- I'm not
16 implying you knew that they were having -- that the
17 audio recording of them having sex was there. I'm just
18 saying there's these electronic devices and a journal
19 that were not returned to him.

20 **A I don't recall this --**

21 Q By the way, I forgot to ask this before.

22 Are you aware that Ben detailed in his
23 journal in great detail conversations he had with
24 Christy about her sexual relationship with [REDACTED]

1 ████████ and how she helped him to escape from Elgin by
2 putting ████████ in her car in that journal that they
3 took from him?

4 **A No, I was not aware.**

5 Q Is this the first time you're hearing of it?

6 **A Yes.**

7 Q And then it also says, "Mr. Hurt claims there
8 was another iPod Shuffle, green in color, that he is
9 missing. An email was sent to administration inquiring
10 about those items, and a copy was issued."

11 So he's having a bone of contention over
12 getting his property back here, correct?

13 **A Correct.**

14 MR. CECALA: Okay. And then, this is 5 -- 14520,
15 Mary.

16 BY MR. CECALA:

17 Q So he is getting really close to his Thiem
18 date here. These notes are -- July 13th is the first
19 entry, then July 14th, a second one on July 14th at
20 11:05, and then July 14th at 1538. Is it possible to
21 read this note? It was written, it looks like -- it
22 was written by Social Worker 2. Can you read this
23 note?

24 **A Okay. I'm going to try, "Patient asked this**

1 writer to make up call to his mother. When I dialed
2 mother, patient then said he wanted to talk to
3 great-grandmother and explained that my understanding
4 is that he can only talk to mother, so I told patient
5 I" -- it's hard to read the word -- "needed
6 verification" --

7 Q First?

8 A -- "first. Chief Epperson was called by
9 nurse manager."

10 Q So let's go down on to the next, because this
11 is kind of a continuation of the same note. It's kind
12 of hard to read these, but can you start with, it looks
13 like, "Tom Comeford"?

14 A Okay. So it's dated 7/14/17. Tom Comeford
15 about clarification of ROR. Copy not in chart. He was
16 not" -- I don't know this word.

17 MR. KRETCHMAR: Not quite interested?

18 BY THE WITNESS:

19 A Yeah, "not quite interested."

20 BY MR. CECALA:

21 Q I don't know what those two words are, but it
22 says, "Tom to call Vicky Ingram"?

23 A Right.

24 Q "She was not able to be reached, not" -- I

1 can't read that. Can you read what it says next?

2 **A No, I cannot.**

3 Q Well, then it says, "Bob thinks -- "Bob
4 thinks"? Bob -- Bob Hanks" --

5 **A Bob Hanks.**

6 Q -- "got involved and was able to" --

7 MR. KRETCHMAR: Able to reach.

8 BY MR. CECALA:

9 Q -- "reach" another name --

10 **A Yes, and clarified --**

11 Q "Clarified that ROR, that the patient was
12 only to call mother."

13 **A I'm having a hard time reading this.**

14 Q And then the one, two, three -- fourth line
15 from the bottom, it says, "Patient was informed of ROR.
16 Investigating the call and will clarify issues with him
17 on Monday 7/17." It says something "report allows him
18 to call mother," and then there's a signature.

19 I think the gist of the note -- I mean, with
20 the difficulty, would you agree that it's -- he's
21 really being restricted only to calling his mother;
22 they won't let him talk to his great-grandmother unless
23 he gets permission from someone else, correct?

24 **A Correct.**

1 Q And then this is also on 7/14, "Social work
2 note. Mr. Hurt approached this writer" -- I don't know
3 what that is. "Social Worker Dan Malone" -- oh, "this
4 writer and Social Worker Dan Malone asked to call
5 grandmother. The writer was in contact with" somebody
6 "and Dr. Ingram and" somebody else, "Tom Comeford,
7 and" -- it looks like Ann Boisclair. And he sent them
8 a copy of the ROR regarding phone which indicates that
9 he only call to -- I can't read that. If you can read
10 it, I would -- you know, I don't know if I'm . . .

11 A **Yeah, I'm having a hard time reading that.**

12 Q But you see what I'm reading. If you think
13 something I'm reading is incorrect, please let me know.

14 A **Sure.**

15 Q "This writer and" -- something with -- "Dan
16 Malone to work Mr. Hurt to explain this to him and
17 indicate that on Monday, 7/17, we would" -- something
18 -- "write administration and the security chief whether
19 he could be allowed to contact his great-grandmother.
20 Request discharge. The plan was given and accepted by"
21 somebody "and Vicky Ingram."

22 So it looks like he is appealing to different
23 people to try to call his great-grandmother is the
24 second note, correct, on the same day?

1 **A Correct.**

2 Q Okay. Going fast.

3 So your interpretation of the restriction of
4 rights as you saw it before was that Ben would be
5 permitted to call his family?

6 **A Yes. Like I said, generally we allow**
7 **patients, and I do not remember -- I was not able to**
8 **recall the specifics of that.**

9 Q Can you explain in this circumstance why Ben
10 wasn't allowed to call anybody but his mother?

11 **A I do not know because it came from**
12 **administration and security. I do not know.**

13 (Whereupon, Plaintiff's Exhibit
14 No. 6 was marked for
15 identification.)

16 BY MR. CECALA:

17 Q So what I'm showing you now is there's a lot
18 of pages here but not a lot of questions.

19 Are you familiar with this document, Doctor?

20 **A Yes. Comprehensive Psychiatric Evaluation**
21 **done by Dr. Javed.**

22 Q And it looks like the date of this is
23 July 15th, 2014, correct?

24 **A Right.**

1 Q Oh, no. I'm sorry. It's July -- yes, that's
2 the date it was, yeah, dictated, July 15, 2014?

3 A **Correct.**

4 Q So that would have been about when Ben
5 arrived?

6 A **Yes. He came -- yes, correct. This is**
7 **initial psychiatric evaluation.**

8 MS. JOHNSTON: Can I put into the record that this
9 is Exhibit 6 --

10 MR. CECALA: Oh, yeah.

11 MS. JOHNSTON: -- Hurt Subpoena 015394?

12 MR. CECALA: Thank you, Mary. I'm trying to go
13 fast and missing stuff.

14 BY MR. CECALA:

15 Q So that's the beginning of this exhibit.

16 Now, in this there's different sections. So
17 the next page has his psychiatric history, item one,
18 two, three. We're going back. History of present
19 episode of the psychiatric illness. There's a lot of
20 historical information, his past psychiatric history,
21 going back when he was a child. And then here it says
22 drug and alcohol history, medical history,
23 developmental history. And then there's the Part B,
24 mental status examination, right?

1 So this is Dr. Javed as a psychiatrist doing
2 her mental status exam, correct?

3 **A Correct.**

4 Q And then here there's different parts.
5 Part C is potential for violence. Sorry my computer is
6 going slow again. So on this page, which is 15399,
7 there's Item G and Item F. Item F says, Risk Factors
8 For Restraint.

9 Would restraint be considered only restraint
10 in the event the patient is becoming violent within the
11 facility and needs to be, you know, restrained, tied
12 down inside the facility, or does restraint mean
13 general restraint, like if he is going to go to court,
14 does he have to wear leg irons, and does he need to be
15 restrained then? What does restrained -- risk factors
16 for restraint mean in this evaluation?

17 **A When they are referring to the restraints in**
18 **this evaluation, it's full leather restraints. In**
19 **patients with developmental disability, we do not use**
20 **full leather restraints, we only use Velcro restraints.**
21 **So in this, what they are referring is full leather**
22 **restraints.**

23 Q Right. And you have to factor in, you know,
24 if we do that to the patient, then he -- you know, he

1 is obese or they are pregnant, then we have to
2 determine the risk factors for doing that, right?

3 **A Correct.**

4 Q And it says here, "The patient does not have
5 any psychological trauma, physical or sexual assault,
6 or any other contraindications for restraint use."

7 So you can use restraints on him, right?

8 **A Correct.**

9 Q Then G says, "Other factors: Arson,
10 elopement, sexual acting out, restraints." And it
11 says, "The patient has no arson or sexual acting out,"
12 right?

13 **A Correct.**

14 Q So this is on his arrival?

15 **A Yes.**

16 Q Okay. And this is -- it looks like it's
17 signed June 16, 2014 by Dr. Javed.

18 Now, when you do your chart reviews, like you
19 did his discharge, right?

20 **A Yes.**

21 Q Did you get a chance to look at the annual
22 psych assessments? He was only there three years. Did
23 you see this one?

24 **A I must have. I don't recall. When I did my**

1 **annual -- I think I did one annual on him, so I'm sure**
2 **I did.**

3 Q Okay. And I just want to go to the bottom
4 here.

5 Problem identification and treatment:
6 Disorder of mood and psychosis, substance abuse and
7 aftercare planning is really all that's in there,
8 right?

9 **A Correct.**

10 Q So the next report is another exam, same --
11 same page one. Now, it's not -- it's not signed here,
12 but it's July 16th, 2015, so after Ben had been there
13 one year, right?

14 **A Right.**

15 Q And Dr. Javed was his psychiatrist at that
16 time to your knowledge, right?

17 **A Correct.**

18 Q Okay. So it's another report, and -- sorry
19 for the slowness.

20 So on page 15405, it says here on
21 November 29th, he exposed himself to a female nurse who
22 was providing treatment to his ankle --

23 **A Right.**

24 Q -- right?

1 He later denied the incident and had
2 difficulty accepting the wrongfulness of his behavior.

3 So as I looked through the chart, and as we
4 look through documents, and you're welcome to look at
5 it. We can all look at it later. But there's no
6 incident where he is exposing himself until this chart
7 entry or he is doing anything that would be
8 considered -- and I guess I should ask.

9 Would this be considered sexually abnormal
10 behavior?

11 **A Yes, this is considered sexually**
12 **inappropriate behavior.**

13 Q So the first instance of it happens right
14 here in his chart. It's actually not in his chart.
15 It's in the annual eval. We can go back in the chart
16 and find what happened, but it was -- a special note of
17 it was made in the annual evaluation.

18 Is there a reason why that would have been
19 noted at the annual psychiatric evaluation?

20 **A I don't have his record. So you did not find**
21 **anything in the progress note, monthly progress note,**
22 **treatment plan, court report?**

23 Q It actually says exactly what it says here in
24 his progress notes. On November 29th, that's where the

1 information comes from. It's in his progress notes
2 that he exposed himself.

3 **A Okay. So what is your question?**

4 **Q** Is there a particular reason why --
5 there's a -- his progress notes are hundreds of pages
6 with all kinds of various information. I'm wondering
7 why this particular instance was selected to be put in
8 his annual psychiatric review.

9 MS. JOHNSTON: Object to speculation, but please
10 answer.

11 BY MR. CECALA:

12 **Q** If you know as a psychiatrist having prepared
13 these, if you were the one putting it in -- you are
14 not -- understood, I am not asking you to speculate.
15 But from your professional opinion, a note like this,
16 why would it -- why would you have put a note in like
17 this?

18 **A** This is an incident of significant
19 importance, so when an annual psychiatric evaluation is
20 completed, all of the incidents of significant
21 important are mentioned, and in this incident when
22 patients have their symptoms because of sexual
23 inappropriate behavior, it is considered a symptom of
24 mania. So this is the significance of it being

1 **documented in his annual evaluation.**

2 Q Right. And in that same paragraph -- can you
3 see where I'm pointing to here? It says, "there was no
4 further sexual inappropriate behavior."

5 A **Correct.**

6 Q So that -- that kind of ended that episode.
7 It looks like he was on frequent ob's until
8 December 8th?

9 A **Correct.**

10 Q Okay. But then "March 13th," down here, "he
11 received a 24-hour loss of privilege for making an
12 inappropriate comment toward a female staff, 'Nice
13 pants. That's a tight" -- probably ass. "When the
14 patient was called on the inappropriateness of his
15 comment, he stated, 'Pardon my French.'"

16 Is this also something -- it says
17 inappropriate. Is this inappropriate sexual behavior?

18 A **It is an inappropriate comment.**

19 Q Well, yes. What is -- but I'm just asking,
20 would you consider that comment to be sexual in nature,
21 "Nice tight ass"?

22 A **Yes.**

23 Q Then -- come on. I'm sorry the computer is
24 as slow as it is. Okay. Great. I'll stop it right

1 there.

2 So I'm going back to letter F and G when
3 we're doing the -- this is the psych eval that the
4 psychiatrist did. So letter F and G, they look to be
5 identical to the prior year, do they not?

6 **A Correct.**

7 Q Take a look at those. They are?

8 **A Yes.**

9 Q Is there a reason that sexual acting out like
10 was just mentioned wouldn't be mentioned in this
11 section of the report?

12 MS. JOHNSTON: Objection. Speculation.

13 BY MR. CECALA:

14 Q Okay. Going back. I'm asking you your
15 professional opinion about Dr. Javed's report. I don't
16 want you to guess about what Dr. Javed may or may not
17 be thinking. Just you looked at the chart. You've
18 already testified you've looked at the chart, you
19 looked at these when you did his discharge, correct?

20 **A Correct.**

21 Q And even though you may not remember exactly
22 what you saw when you did his discharge, you did see
23 this document once before, right?

24 **A I'm sure I did.**

1 Q Okay. I'm just building a foundation for
2 Mary.

3 So I don't -- I'm not asking you to tell me
4 what Dr. Javed was thinking about. I'm asking you as a
5 psychiatrist who -- maybe I should ask.

6 Have you prepared these reports many times?

7 **A Yes, I have.**

8 Q So as a psychiatrist who has prepared the
9 report, can you help me understand why there would be a
10 mention of these inappropriate sexual acting out
11 incidents earlier and then not under letter G here?

12 **A I'm not sure why she did not mention it. I**
13 **did not prepare this report, so I cannot comment on it.**

14 Q Okay. But it's something that, perhaps,
15 should have been mentioned, right?

16 **A Correct.**

17 Q Okay. So -- and then the signature page
18 here, it looks like Dr. Javed signed this on June --
19 July 22nd, 2015?

20 **A Correct.**

21 Q I'm going as fast as I can here, guys.

22 Page 15412, so if you look at this on the
23 Hospital Course, because it's an annual evaluation, on
24 July -- in July of 2015 he was placed on shift notes

1 and building -- his building permit was placed on hold
2 on July 20th when a peer complained that Mr. Hurt was
3 making sexual comments toward him. He denied making
4 sexual comments and accused the peer of making sexual
5 comments toward him, saying -- calling him gay.

6 Would Ben making sexual comments toward
7 another patient be considered sexually inappropriate
8 behavior?

9 **A Yes.**

10 Q And this is in 2015. We're outlining all of
11 the frequent ob's in the interest of saving time.

12 It doesn't look like he was put on frequent
13 ob's for this, correct? It would say that, wouldn't
14 it?

15 **A Yes.**

16 Q So once again, this is the next year report,
17 and like you said, it's not your report, so I'm not
18 asking you to speculate -- gosh. I got it. Stop.

19 Same thing, Section F and Section G on the
20 restraints and on the other risk factors, it says
21 again, no sexual acting out. We now have at least
22 three incidents, maybe four. That's not mentioned
23 again.

24 Would you change your answer about your prior

1 answer? Because this isn't your report, I understand,
2 but is there any explanation you can offer for why that
3 may not be in there?

4 **A I cannot offer explanation because it's not**
5 **my report.**

6 Q Okay. At the end of this, which is page
7 413 -- oh, jeez. It's going fast. Sorry. I'm trying
8 to save time.

9 This is page 15413. The last paragraph here,
10 it says, "In April, May, June and July of 2016,
11 Mr. Hurt was enrolled into the janitorial program and
12 is regularly attending. He is also working on his
13 substance abuse issues by independently working on
14 12-Steps Program. Due to his short Thiem date, the
15 team is pursuing privileges and will then work with the
16 patient toward a conditional discharge once appropriate
17 placement has been secured." So here he is working on
18 substance abuse on his unit with his social worker,
19 right, or working independently?

20 **A Yes.**

21 Q So there's no mention of him needing to do
22 MISA at this time, right?

23 **A Yes.**

24 Q And again -- now, we're all of the way to

1 July of -- this report is a July of 2016 report.

2 Again, Sections F and G are identical to what they have
3 been for the previous three reports. Patient has no
4 arson or sexual acting out, and the restraints are the
5 same?

6 **A Correct.**

7 Q As you said, this is not your report, so
8 no -- I won't even bother asking you, but this looks
9 like it's the 2016 report signed by Dr. Javed, right?

10 **A Correct.**

11 Q Okay. So this last one, Comprehensive Psych
12 Evaluation, it looks like this is dated July 3rd of
13 2017. So this is prepared three days after the
14 incident, right, after his room was turned upside down?

15 **A Correct.**

16 Q And then if we look at -- just to verify what
17 we have been talking about, sources of information and
18 chief complaint number two on page 15418, "Chief
19 Complaint: I am not happy that I can't use my passes."

20 Do you remember Ben telling you that?

21 **A Yes.**

22 Q Why did he say that? Was he not able to use
23 his passes at that time?

24 **A Yes, his passes were placed on hold on**

1 **June 30th.**

2 Q Were his passes ever restored?

3 A **After that incident on June 30th --**

4 Q Yes.

5 A **No. As far as I remember, no.**

6 Q And you now know that he was put on
7 restriction of rights because he was sexually abused by
8 Christy, right?

9 A **Now we know that, but at that time we did not**
10 **know, and we knew that there was some investigation**
11 **going on.**

12 Q Right. But you didn't know that he had been
13 being sexually abused by Christy, right?

14 A **I did not know it at that time.**

15 Q Right. And then it says, "Sources of
16 information are the following." So you had to review
17 documents to prepare the comprehensive annual psych
18 evaluation, which was the one -- it was going to be his
19 final one before he is released into the public, right?

20 A **Correct.**

21 Q And numbers four and five are interview of
22 the patient, review of records from Elgin Mental Health
23 Center. So that's when what we're talking about is the
24 review of his chart, his chart notes. There's each of

1 the different disciplines, activity therapy, social
2 worker notes, all of those various chart information
3 was made available to you to get this final psychiatric
4 eval done before he was going to be released to the
5 public, right?

6 **A Right.**

7 Q And that's what review of records means,
8 correct?

9 **A Correct.**

10 Q And you looked at those records?

11 **A Yes.**

12 Q Okay. Sorry it's so slow. Only because
13 we're trying to hurry.

14 So in his hospital course, item number ten --

15 **A Yes.**

16 Q -- what you've been saying, he maintained
17 psychiatric and behavioral stability, and that was from
18 your interview with him and review of the chart notes
19 and all of the information you had available, right?

20 **A Yes. So this review is every year. So it**
21 **just talks about the progress during the last year.**

22 Q Exactly. So this is from July of the prior
23 year to July of -- July 3rd of 2017, right?

24 **A Yes.**

1 Q Okay. And on April 14th, his
2 great-grandfather died, right?

3 A **Correct.**

4 Q And you said he was able to deal with the
5 loss appropriately.

6 Did you talk to him about that?

7 A **Yes.**

8 Q And then this final part here is on
9 June 30th, "Mr. Hurt was restricted to the unit, and
10 all his passes were placed on hold. He received ROR
11 for telephone due to an investigation against him."
12 Right?

13 A **Right.**

14 Q So you were aware of that when you did this
15 report.

16 Did you feel it was important in any way to
17 know why he was being investigated when you filled out
18 this report?

19 A **We knew that there was an investigation, but**
20 **the administration was not telling us anything.**

21 Q Yeah, no. My question is different than
22 that. You've said that many times.

23 Did you as his treating psychiatrist feel it
24 was important in providing this information for this

1 report to find out anything about that investigation?

2 A It was important.

3 Q What did you do to find anything out about
4 it?

5 A I did not do anything because I knew that if
6 administration is not telling us anything that they
7 would not, so I did not do anything.

8 Q Well, how did you know -- so if you didn't do
9 anything, how did you know that they weren't going to
10 tell you anything?

11 A Because if they wanted to volunteer that
12 information, they would have done it themselves.

13 Q So you didn't feel it incumbent upon you as
14 his treating psychiatrist to ask?

15 A No, I don't think it was appropriate --
16 appropriate or my place to go and ask administration
17 why they were hiding it, why they were not telling me.
18 It was not my place to do that.

19 Q Well, did you feel as though they were hiding
20 it?

21 A Well, if they are not telling us anything,
22 then they are hiding it.

23 Q So what information if you were speculating
24 as his psychiatrist out of necessity did you feel would

1 have been unnecessary -- in other words -- let me
2 rephrase that.

3 He's about to be released. It's his final
4 annual psychiatric review. He is under an obvious
5 investigation about security. They've turned his room.
6 They've gotten his stuff. He can't call anyone. Did
7 it ever cross your mind as his treating psychiatrist
8 that he may have done something dangerous and wrong?

9 **A I thought about it, but he was**
10 **psychiatrically doing very well. I did not see any**
11 **symptoms for me to think that he was dangerous to self**
12 **or others. I knew there was an investigation and the**
13 **administration was not telling me anything. So that's**
14 **all I can say.**

15 **Q Right. But I'm just -- weren't you curious**
16 **at all?**

17 **A Yes, definitely I was curious.**

18 **Q And in your curiosity, what conclusions were**
19 **you drawing that made you believe it wasn't necessary**
20 **as his treating psychiatrist to getting any information**
21 **about this?**

22 **A I don't recall what conclusions I was**
23 **drawing.**

24 **Q Section D of your report, there's the**

1 assessment of suicide potential.

2 **A Yes.**

3 Q Can you read that, and when you're done, let
4 me know?

5 **A "To a reasonable degree of psychiatric**
6 **certainty, it is my opinion that while on medication in**
7 **the inpatient facility, the risk of suicide is low.**
8 **However, if he stops his medication and uses drugs, his**
9 **risk will increase."**

10 Q But there's also a whole paragraph before
11 that, that is part of the assessment for suicide
12 potential. Do you see that whole paragraph before?

13 **A Yes. Yes.**

14 Q That was also factored into your evaluation
15 and to provide your medical opinion about the risk of
16 suicide?

17 **A Correct.**

18 Q Are you aware that Ben had three suicide
19 attempts before February of 2018 after he was released
20 from Elgin?

21 **A At this time I don't recall that.**

22 Q Are you aware of it?

23 **A I'm sure I was at that time. I don't**
24 **remember.**

1 Q No, no. You were aware that after Ben's
2 Thiem date, between July 22nd, 2017 and March 1st of
3 2018 --

4 A **I don't remember.**

5 Q -- that he had -- let me finish my
6 question -- that he attempted suicide three separate
7 times; are you aware of that?

8 A **I don't recall at this time.**

9 Q I'm not asking you to recall it. I'm asking
10 you if you're aware now that from July 22nd, 2017 to
11 March 1st of 2018, Ben Hurt attempted suicide three
12 times?

13 A **I think I will have to look at his records in**
14 **order to say that.**

15 Q Okay. What records would you be referring
16 to?

17 A **His previous hospitalization records, his**
18 **previous records to see that it was a suicide attempt.**

19 Q Maybe you're misunderstanding my question.
20 Ben Thiemed out on July 22nd, 2017.

21 A **Correct.**

22 Q He left Elgin. He never returned. He has no
23 more records at Elgin whatsoever. Do you understand
24 that?

1 **A Yes. After -- after July 22nd, 2017, there**
2 **are no Elgin records.**

3 Q Right. From July 22nd, 2017 --

4 **A Okay.**

5 Q -- until March of 2018, after he left Elgin,
6 Ben Hurt attempted suicide three times. Are you aware
7 that?

8 **A Okay. Now I'm understanding your question.**
9 **You are asking about after he left Elgin.**

10 Q Yes.

11 **A Okay. Thank you for explanation.**

12 **I am aware during my preparation for the**
13 **testimony, I was made aware of this by my attorney.**

14 MS. JOHNSTON: Objection. Beyond that --
15 objection to the extent that it calls for any
16 attorney-client privilege.

17 MR. CECALA: Well, I --

18 MR. JOHNSTON: That came up fast. I'm fine with
19 that, but beyond that --

20 MR. CECALA: Well, you are -- she is aware of it.

21 BY MR. CECALA:

22 Q I'm not interested in how you became aware of
23 it. You are aware that that happened. You don't have
24 to tell me what you talked about with your lawyer. I

1 don't want to know that. It's not appropriate for you
2 to tell me about your lawyer conversations.

3 MS. JOHNSTON: We have been going for a long time.

4 MR. CECALA: Yes.

5 MR. JOHNSTON: I think she is getting very tired.

6 MR. CECALA: Yeah, we're almost there.

7 THE WITNESS: I just want to tell you I am
8 actually not even comprehending all your questions
9 because we're talking about suicide after, and
10 I thought we were talking about suicide in the past,
11 you know.

12 BY MR. CECALA:

13 Q No, we're talking about suicide after he
14 left, after you prepared this report.

15 **A Now I understand.**

16 MS. JOHNSTON: She has answered the question.

17 Can we jump onto the next one then?

18 BY MR. CECALA:

19 Q Okay. Great. So you're aware now.

20 **A Yes.**

21 Q Then letters F and G here --

22 **A Yes.**

23 Q -- risk factors for restraint use, none?

24 **A None.**

1 Q G: Mr. Hurt has no arson or sexual acting
2 out?

3 A **Yes. And here we are even talking about**
4 **during the last year.**

5 Q Okay. So that's why that would be there in
6 your report?

7 A **Yes.**

8 Q And just to make sure the record is complete,
9 last pages, is that your signature?

10 A **Yes.**

11 Q And you prepared the report and finalized it
12 on July 3rd, 2017?

13 A **Correct.**

14 MR. CECALA: I know we're past the time. Give me
15 one second, and maybe we can just end. Give me one
16 second, okay?

17 BY MR. CECALA:

18 Q Okay. I just want to ask you if you signed
19 his discharge summary, and then I think we're done.

20 I'm going to show you the page. Okay. This
21 is the wrong file. Oh, these are the morning meeting
22 notes. Okay. Hang on. Sorry. One more second.

23 MS. JOHNSTON: Do you know what exhibit you're
24 looking for, Joe?

1 MR. CECALA: Yeah. Sorry about our confusion, but
2 I thought I had his discharge summary.

3 BY MR. CECALA:

4 Q I can just ask you. Dr. Javed (sic), you
5 were the doctor who discharged Ben on July 22nd -- I'm
6 sorry. Dr. Kareemi?

7 A Yes, I was.

8 (Whereupon, Plaintiff's Exhibit
9 No. 7 was marked for
10 identification.)

11 MR. CECALA: Okay. And I don't need to go through
12 this. I have the discharge summary. I thought it --
13 oh, I know. It was Exhibit 7.

14 Mary, can we just stipulate that she was the
15 discharging doctor and she signed the discharge
16 summary? I'm pretty sure it's her signature, but
17 that's all I wanted to ask her.

18 MS. JOHNSTON: One second.

19 MR. CECALA: It's on June -- July 21st, 2017, and
20 my computer is so slow.

21 MS. JOHNSTON: I'll stipulate to it.

22 MR. CECALA: Okay. Well -- shoot.

23 MS. JOHNSTON: Here, how about this.

24 Can you stop sharing your screen?

1 MR. CECALA: Here. If it's okay -- I mean, it's
2 just the discharge summary.

3 MS. JOHNSTON: Yeah, I have no problem with that.
4 I found it. I can share it on my screen if you want.

5 MR. CECALA: It's okay with me. I mean, I know
6 that the document is Bates stamped 16789, and the page
7 number is 16814 with her signature.

8 MS. JOHNSTON: Yes.

9 MR. CECALA: Okay. Fine. We're stipulating to
10 that page in the discharge summary.

11 And then one last thing is this. I just want
12 to make sure that you have seen this, Doctor. I don't
13 want any surprises if we're going to trial. Last
14 questions.

15 Why is this page out of order? I don't think
16 I gave you this exhibit, which means that it's on me,
17 and we didn't get it.

18 (Whereupon, Plaintiff's Exhibit
19 No. 12 was marked for
20 identification.)

21 MS. JOHNSTON: We got Exhibit 12.

22 MR. CECALA: Yeah, the pages are incorrect.
23 Something is wrong with the page numbers because
24 there's a July 3rd, it's actually page 48. It says

1 there's 53 pages, but somehow page 48 is wrong.

2 MS. JOHNSTON: It's going in reverse order.

3 MR. CECALA: Well, it's December -- oh, it's
4 reverse order. So she scanned it backwards. I'm
5 sorry, guys.

6 MS. JOHNSTON: It's page six of that PDF.

7 MR. CECALA: We'll beat up the paralegal.

8 Sorry, but there's the delay, which causes
9 this type of scrolling situation.

10 MR. KRETCHMAR: That's 53.

11 MR. CECALA: 43.

12 MR. KRETCHMAR: You want 48.

13 MS. JOHNSTON: Page six in the PDF.

14 MR. CECALA: Yeah. I'm trying to go fast without
15 going so slow. Well, here, 50 -- let's just start with
16 page -- let's just start with the one that it's giving
17 me. Page six. Come on. I know it's so incredibly
18 slow. All right. Here we go.

19 BY MR. CECALA:

20 Q I just want to ask you quickly. So do you
21 see what is on the screen, Doctor?

22 A **Yes, morning report.**

23 Q Right. And it's from Robert Lee?

24 A **Correct.**

1 Q And I think you're in here. Do you see your
2 name?

3 A Let me -- yes -- yes, I do.

4 Q Right here?

5 A Yes.

6 Q Faiza Kareemi?

7 A Yes.

8 Q So you get the morning report email every
9 day?

10 A Yes.

11 Q And you got this one on July 3rd?

12 A Yes.

13 Q So all of these people were informed of the
14 morning report on July 3rd?

15 A Yes.

16 Q And I just want to make sure it's -- where is
17 his ROR? Sorry. I'm just as tired, and I really want
18 to be done just as much as you do.

19 MS. JOHNSTON: Page 49. It has one, at least,
20 that's from July 8 -- or July 5th.

21 BY MR. CECALA:

22 Q The point is that in the morning report is a
23 summary of the morning meetings, and at the morning
24 meetings everyone would have received the -- this is

1 47, 48, 49. Oh, there it is. Okay. Right in the
2 middle of the page, Doctor.

3 This was a standard note of the morning
4 report starting on June 30th, which says, "ROR for
5 phone from Friday, 6/30, to Monday due to an ongoing
6 security investigation. Security recommended this
7 should be extended. He is restricted to the unit. All
8 passes are on hold until further notice from security.
9 See nurse notes below."

10 But the point I'm making about this is you
11 received the email. Everyone that's on this email
12 which is here would have received notice that there's
13 this investigation concerning Ben and on the same day
14 that Christy was walked off the facility, right?

15 **A Correct.**

16 Q I have one last question. It seems like
17 there's a lot of security in all facets in various ways
18 that Elgin has. There's trained behavioral experts
19 like yourself, security team, social worker,
20 psychologists, security therapy aides. It's a secure
21 psychiatric facility where patients can be put on --
22 when they say 15-minutes ob's, they are actually
23 watching them and writing down every 15 minutes what
24 they observed them do for the last 14 minutes, so it's

1 really constant observation, and every 30 minutes
2 patients need to have head counts, all of this
3 incredible security that goes on at Elgin with people
4 who are on high alert and do the reports to OIG that
5 we've talked about.

6 My question is: Considering all of this high
7 intense behavioral expert and security, how do you
8 think it was that Christy Lenhardt was able to get away
9 with having sex with Ben Hurt in her office for all of
10 those years?

11 A I don't know. I don't know how to answer it.

12 Q Okay.

13 A One thing I want to say that patients who are
14 not on frequent observation, they are monitored every
15 half hour. Patients who are on frequent observation,
16 they are monitored every 15 minutes.

17 Q Right. That was the point of my question.
18 Every patient has to be observed by a staff person
19 every 30 minutes.

20 I'm just wondering if you have any insight as
21 to how Christy carried on a sexual affair with Ben Hurt
22 for nearly two and a half years.

23 A I don't.

24 MR. CECALA: We don't have any further questions.

1 MS. JOHNSTON: No questions for me, Dr. Kareemi.
2 Thank you so much --

3 MR. CECALA: Doctor, I'm so grateful. Thank you
4 for your time and patience.

5 MR. JOHNSTON: -- for your extreme patience.

6 MR. CECALA: Yeah. We are very gracious.

7 MS. JOHNSTON: Do you want to reserve signature
8 and review this transcript for accuracy, or do you want
9 to trust that Lisa has taken everything down and waive
10 signature and then you're all done?

11 THE WITNESS: I would like to review it.

12 MS. JOHNSTON: Okay. Great. We'll reserve
13 signature.

14 MR. CECALA: We're ordering.

15 MS. JOHNSTON: Same.

16 AND FURTHER DEPONENT SAITH NOT
17
18
19
20
21
22
23
24

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

1	BENAHDAM HURT,)	
2)	
3	Plaintiff,)	
4)	
5	-vs-)	No. 17-cv-7909
6	HASINA JAVED, FAIZA KAREEMI,)	
7	COLLEEN DELANEY, DIANA HOGAN and)	
8	DREW BECK,)	
9	Defendants.)	
10	<hr/>)	
11	MARK OWENS,)	
12	Plaintiff,)	
13	-vs-)	No. 18-cv-0334
14)	
15	HASINA JAVED,)	
16	Defendant.)	

I hereby certify that I have read the foregoing transcript of my deposition given at the time and place aforesaid, consisting of pages 1 to 223, inclusive, and I do again subscribe and make oath that the same is a true, correct, and complete transcript of my deposition so given as aforesaid and includes changes, if any, so made by me.

FAIZA KAREEMI, M.D.

SUBSCRIBED AND SWORN TO
before me this _____ day
of _____, A.D. 2022.

Notary Public

1 I, LISA A. KOTRBA, a Certified Shorthand
2 Reporter within and for the State of Illinois, do
hereby certify:

3 That previous to the commencement of the
4 examination of the witness, the witness was duly sworn
to testify the whole truth concerning the matters
5 herein;

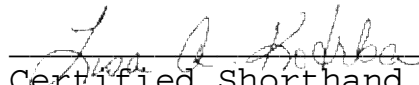
6 That the foregoing deposition was reported
7 stenographically by me, was thereafter reduced to a
printed transcript by me, and constitutes a true record
of the testimony given and the proceedings had;

8 That the said deposition was taken before me
9 at the time and place specified;

10 That the reading and signing by the witness
11 of the deposition transcript was agreed upon as stated
herein;

12 That I am not a relative or employee or
13 attorney or counsel, nor a relative or employee of such
attorney or counsel for any of the parties hereto, nor
14 interested directly or indirectly in the outcome of
this action.

15 IN WITNESS WHEREOF, I do hereunto set my hand
at Chicago, Illinois, this 12th day of July, 2022

16
17
18 
19 Certified Shorthand Reporter
State of Illinois



20
21 CSR License No. 084-002777.
22
23
24

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